

 PROCEEDINGS 

HIV/STD PREVENTION Island Style



OFFICE OF MINORITY HEALTH
Resource Center
Call Toll-Free
1-800-444-6472

A Workshop For and With
Pacific Island Communities

April 13 - 15, 1992
Camp Mokule'ia, Hawai'i



PLANNING COMMITTEE

Joyce O'Brien, MPH, Chair

Wai'anae Coast Comprehensive Health Center

Brocula Abraham

Federated States of Micronesia Consulate General's Office

Janet Bender, Workshop Coordinator

Governor's Pacific Health Promotion and Development Center

Sean Duque

HIV Advocate

Darlyne Egan

Life Foundation

Loia Fiaui

Department of Health, STD/AIDS Prevention Branch

Darrel Higa

Life Foundation

W. John Howe

Kalihi Palama Immigrant Service Center

Lana Kaopua

The AIDS Education Project

Jimmy Lopa

Fetu Ao

Gerald Ohta

Department of Health, Office of Affirmative Action

Merina Sapolu

Kokua Kalihi Valley Comprehensive Health Center

Lisa Spencer

Department of Health, STD/AIDS Prevention Branch

Marcia Tsue

The AIDS Education Project

We also would like to acknowledge all others who were involved in the initial planning stages including Alan Suemori, Gen Iinuma, Colin Correa, and Kerrily Kitano.





In reflection. . .

We came together as an island people; in an island style; with outreached, open arms and minds. We welcomed new knowledge while acknowledging the work we do. We embraced those inflicted with HIV, those who have passed on, those who lived among us, those who continue to survive. We bonded with hope for the future, based on the children among us . . . all alive in spirit and wonder, one whose life may end decades before its time. We parted with a renewed challenge, with a foundation based on a commitment to help our island communities remove the shell that blocks knowledge and compassion to the issues, breathing as one breath.

Words cannot express the sense of oneness experienced. I know our spirits will be joined forever.

Me ke aloha,

*Joyce O'Brien
Conference Chairperson*

OFFICE OF MINORITY HEALTH
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ONE BREATH



HIV/STD PREVENTION ISLAND STYLE

CAMP MOKULĒ'IA, HAWAII

APRIL 1992

DANIEL K. AKAKA
HAWAII

WASHINGTON OFFICE:
720 HART SENATE OFFICE
BUILDING
WASHINGTON, DC 20510
TELEPHONE: (202) 224-6361

HONOLULU OFFICE:
3104 PRINCE JONAH KUHIO
KALANIANA'OLE FEDERAL BUILDING
P O BOX 50144
HONOLULU, HI 96850
TELEPHONE: (808) 541-2534

MEMBER:
COMMITTEE ON ENERGY AND
NATURAL RESOURCES
COMMITTEE ON GOVERNMENTAL AFFAIRS
COMMITTEE ON VETERANS' AFFAIRS
SELECT COMMITTEE ON INDIAN AFFAIRS

United States Senate

WASHINGTON, DC 20510-1103

April 13, 1992

MESSAGE FROM U.S. SENATOR DANIEL K. AKAKA

It is with great pleasure and admiration that I extend my warmest aloha and best wishes to you and to all in attendance at the HIV/AIDS Prevention Island Style workshop. While I regret that I am unable to join you personally, you may be assured of my support in your continuous efforts to educate and provide services to our Pacific Island Communities.

Without a doubt, human immunodeficiency virus(HIV), acquired immune deficiency syndrome(AIDS), and its myriad facets comprise one of the most vital areas of concern facing Hawaii and the Pacific Islands, our nation and the world today. The caring and tireless dedicated efforts of you and your colleagues in addressing HIV/AIDS, are the driving force behind the noble cause of ensuring the well-being our people.

I commend you all for your initiative and commitment. Without question, the children and people of Hawaii, and the Pacific Islands will be better for it. It is this kind of effort on the part of all of you here today, who make the difference.

Again, welcome. May this three day workshop be an enlightening and learning experience. I salute each and every one of you today, a small tribute for your personal dedication in the joint mission of addressing HIV/AIDS in our communities.

Aloha pumehana,


DANIEL K. AKAKA
U. S. Senator





MESSAGE FROM GOVERNOR JOHN WAIHEE

April 13, 1992

It gives me great pleasure to extend my welcome and best wishes to the conferees in attendance at the HIV/STD Prevention: Island Style Conference being held at Camp Mokule'ia.

Sponsored by a coalition of interested community-based organizations, agencies of the State and federal governments and educators from across the Pacific, this year's conference will provide a forum at which the 150 participants in attendance can exchange ideas aimed at reducing and eventually preventing the transmission of HIV infection in Pacific Island populations.

The workshops of this important conference, developed by representatives of the Pacific Island community in Hawaii with the assistance of the State Department of Health, target front-line outreach workers who service Pacific Island communities. Your collaborative effort to incorporate a variety of cultural traditions into your program is extremely innovative and will do much to dispel the myths associated HIV and AIDS.

I commend the conferees for their dedication and wish them a most rewarding and satisfying seminar.

JOHN WAIHEE





The House of Representatives State of Hawaii

hereby presents this certificate to

"HIV/STD PREVENTION: ISLAND STYLE"

WHEREAS, the diverse cultures, lifestyles, and traditions of the Pacific Island peoples are recognized for its mystifying uniqueness; however, this quality often misleads people to believe that this culture is free from all ills of society; and

WHEREAS, HIV/AIDS is a sensitive issue facing all cultures, challenging society to overcome fear and ignorance, and to instead extend compassion and understanding toward fellow individuals infected, as well as affected, by this disease; and

WHEREAS, "HIV/STD PREVENTION: ISLAND STYLE"--a conference designed by Pacific Islanders for Pacific Islanders--was held on April 13, 14, and 15, 1992 on the island of Oahu to address the unique needs of Pacific Island communities and to discuss appropriate methods to combat this fatal, pandemic disease; and

WHEREAS, through the efforts of its organizers and 150 participants, this conference paved the way toward the development of new community-based prevention strategies that are appropriate to Pacific Island communities in the reduction and prevention of HIV/AIDS transmission among Pacific Island populations; now, therefore,

BE IT RESOLVED by the House of Representatives of the Sixteenth Legislature of the State of Hawaii, Regular Session of 1992, that this body hereby congratulates the organizers and participants of the community-based conference, "HIV/STD PREVENTION: ISLAND STYLE", and for accepting the challenge of addressing the needs of Pacific Island communities in the age of HIV/AIDS.

David D. Stegman *Emilio Allison* *Cynthia Thiele*
David K. Kawakami *Keneta* *Tom Cranner* *Rod Jam*
Annelle C. Gurnal *Calvin K. Day* *Roba* *Alani A. Cook*
Guzanne N. G. C.
Duke B.



The 16th Legislature

Samuel K. Kame
Speaker of the House

James Q. Miyoshi
Chief Clerk

James Wilson
Sponsoring Representative



Health Resources and Services
Administration
Rockville MD 20857

Governor's Pacific Health Promotion and Development Center
226 North Kuakini Street, Room 223
Honolulu, Hawai'i 96817
(Attention: Janet Bender)

Dear Participants:

On behalf of the Health Resources and Services Administration, US Public Health Service, I am very pleased to have this opportunity to convey a message to delegates who attended the historic Pacific Island Communities HIV Prevention Workshop last April.

As HRSA's Associate Administrator for Minority Health, I regret very much that I was not able to be with you. I recognize the complex challenge faced by those seeking to provide health services and education to Pacific Islanders.

Your effort to regard the diversity of your island cultures as a tool instead of an obstacle for reaching citizens with the all-important HIV prevention message should be an inspiration to the public health community worldwide. This endeavor to overcome distance, language, and numerous other daunting challenges should be an inspiration to those trying to get the same message across -- but in far less culturally and geographically complex territories.

We at HRSA greatly admire your efforts, and offer you every encouragement, support, and wish for success.

Sincerely,

Ileana C. Herrell, Ph.D.

Ileana Herrell, Ph.D.
Associate Administrator for Minority Health
Health Resources and Services Administration, USPHS



Special Acknowledgments

This workshop was the result of a collaborative effort between Pacific Island community-based organizations in Hawai'i and the Pacific and, representatives at the federal and state levels. Representatives from both the public and private sectors provided financial support and encouragement to make this workshop possible.

Dr. Samuel Lin

Deputy Assistant Secretary
Office of Minority Health
Public Health Service

Dr. Ileana Herrell

Associate Administrator for Minority Health
Health Resources and Services Administration

Ms. Sheila Cort

Acting Special Assistant for Minority HIV Policy Coordination
Centers for Disease Control

Dr. John C. Lewin, Director

Charlene Young, Deputy Director

Diane Hirsch, Ph.D., Chief, STD/AIDS Prevention Branch
Hawai'i State Department of Health

Mrs. Joanna Nakata

Governor's Agriculture Coordinating Committee

Mr. Roy Kruse

Hawai'i Newspaper Guild

Ronald and Mary Vea

Wai'anac Coast Comprehensive Health Center



Funding and support for the workshop was provided by:

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Hawaiian Airlines
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Papa Ola Lokahi
The Hawai'i Chapter of the American Red Cross
Kahua Beef Company
The Department of Education

A special MAHALO to our volunteers,

MSgt. Ronald Chun, Hickam AFB
SSgt. Jeff Egan, Hickam AFB
Midge Eli, WCCHC
Dr. T. Paul Furukawa, University of Hawai'i at Manoa
Sue Larraine Isisaki, FSM Consulate General
A1C Scott Jessen, Hickam AFB
Captain Darcy L. Joy, Hickam AFB
Rhoda A.L. Kalvai, UH
David Michael Kinch, UH
Bernadette Lono, Fuller Foundation, Inc.
SRA Andy Mills, Hickam AFB
TSgt. Ed Nakamura, Hickam AFB
Mrs. Judy Ray, Hickam AFB
Ellen Segal, KPISC/Hawai'i Pacific University
A1C Karen M. Schlicher, Hickam AFB
AMN Dean R. Schlicher, Hickam AFB
Sgt. Keith Sibley, Hickam AFB
MSgt. Jennifer L. Smith, Hickam AFB
SMSgt. Ronald K. Smith, Hickam AFB
Sengmany Southphong, Kalihi Palama Immigrant Service Center
Mary Soyon, FSM Consulate General
Fouzieyla Towghi, University of Hawai'i at Manoa
Ronald, Mary and Shilo Veal, WCCHC

Preliminary drafts of the proceedings prepared by Barbara Pirie.





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PURPOSE



Throughout history, public health organizations have been continually challenged in their efforts to address the prevention of sexually transmitted diseases (STDs). However, as serious as epidemics have been in the past, few diseases have presented such controversy as to populations at risk, mode of transmission, and treatment care models as have the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS).

Over the past ten years, Hawai'i has been grappling with the issues surrounding HIV and AIDS, and has taken a proactive stance in dealing with these difficult issues. Many of Hawai'i's Pacific neighbors are facing the controversial issues surrounding AIDS as well. While the incidence of HIV/AIDS in the Pacific has not even begun to reach the proportion of cases in Hawai'i, the high rates of sexually transmitted diseases, teen pregnancies and high influx of immigrants in the Pacific present risk factors that cannot be ignored.

In response to concerns regarding the very real potential of an HIV epidemic in the Pacific, a consortium of community-based organizations serving Pacific Island communities in Hawai'i and the Pacific, along with concerned individuals from the private sector, planned and conducted a workshop on HIV/STD prevention, held on April 13th through the 15th. "HIV/STD Prevention: Island Style, A Workshop For and With Pacific Island Communities" was attended by 143 front-line and outreach workers from Hawai'i and the Pacific, who gathered in Mokule'ia, on the north shore of O'ahu to discuss, share and explore solutions to the issues surrounding HIV. Representatives from American Samoa; the Commonwealth of the Northern Marianas Islands; the Continental United States; the Federated States of Micronesia (Yap, Kosrae, Chuuk, and Pohnpei); Fiji; Guam; the State of Hawai'i; New Zealand; the Republic of the Marshall Islands; the Republic of Palau; and Western Samoa participated.

The workshop was designed to foster networking and discussion through small group interaction in a natural setting. The three day agenda was full and took advantage of the rural setting and comfortable atmosphere. This enabled participants to continue to network and process the events of the day well after each day's program. Many groups took this opportunity to develop strategies for HIV prevention as a follow up to the workshop. While a lot was shared about how Hawai'i deals with HIV concerns, Pacific Islanders were instrumental in focusing on cultural strengths and barriers and their impact on HIV prevention and control.

The three day workshop produced many new friendships and networks, which will lay the foundation to address HIV prevention and control in a broader Pacific context. There was a consensus among participants to follow up with two conferences in 1993 - one to be held in Pohnpei, and the other in Hawai'i. During the following year, 1994, participants foresee having a combined conference in Hawai'i.





OPENING ADDRESS



By Dr. Kekuni Blaisdell - *Professor of Medicine, University of Hawai'i John A. Burns School of Medicine*

Highlights from Dr. Blaisdell's opening address.

Hawaiians are the native people, the first people, and their language is Hawaiian. The first people are the host people of the islands. Others are guests. As hosts, Pacific Islanders have a responsibility to their guests to share the culture and provide care. The guests also have their responsibilities to respect the culture.

Pacific Islanders are all one people, a nation which is widely dispersed over a large body of water. These geographically separated societies have traditionally communicated through the ocean. We are all connected by our ocean highways.

***"Pacific Islanders
need to relearn and
revitalize the culture.***

***They need to control
their lives and futures
in their homelands.***

***Stand up, reach out,
and care for each other.
Caring is the basis
of the oceanic view."***

Hawaiian chants and traditional greetings reflect a connection with the land and the ocean. They also transmit the genealogy that establishes personal relationships. Everything comes out of the mating of Sky Father and Earth Mother. Everything is alive including the wind, the rocks, and the water. Everything communicates. Listen to the wind and the ocean. Watch the currents. They tell us how to think and act.

The anatomy from the Hawaiian perspective is different. The seat of wisdom is in the abdomen, which is a connection to the present. The head is the connection with the past and the genitalia are the connections to the future. This connection with the

past, present, and future is our security.

These islands are the only home of the Hawaiians and this is where HIV occurs. Hawaiians have a high rate of HIV infection. They're a sexual people, but today they do not talk about sex. They need to resolve this cultural conflict and be open and honest with themselves. Hawaiians are the most westernized of the Pacific Islanders. Don't let that happen to the other islands. Hang on to the land and the culture. Do not give these up as they are the sources of power. Pacific Islanders need to relearn and revitalize their cultures. They need to control their lives and futures in their homelands. They need to have access to the environment so they can fish and collect medicine.

Sky Father and Earth Mother make everyone siblings. Stand up. Reach out. Care for each other. Caring is the basis of the oceanic view.



PLENARY SESSION

I. A Pacific Approach to STDs Including HIV 101

Presenters: Dr. Le Mamea Matatumua, Western Samoa
Loia Fiaui, Hawai'i
Merina Sapolu, Hawai'i

A. Dr. Le Mamea Matatumua - HIV Prevention and Control Program, Health Department, Western Samoa

Western Samoa focuses on prevention through education regarding:

- the need to change and modify sexual behaviors;
- safe methods of sex;
- the need to be culturally sensitive;
- using a family/cultural approach;
- home management by the extended family and community; and
- sharing the shame, grief, anger, loss, frustration when someone dies of AIDS.

B. Loia Fiaui - *STD/AIDS Prevention Branch, Hawai'i State Department of Health*

"Hawai'i has a unique position among nations of the Pacific owing to its relationship with the United States which gives Hawai'i access to resources and modern technology to augment its health care services. Through this relationship, Hawai'i has one foot in the west and the other in the Pacific.

The Pacific and Pacific Islanders have known of sexually transmitted diseases, especially, syphilis and gonorrhea for many years; and in recent years, genital warts, herpes, chlamydia and now HIV. The difference between HIV/AIDS and the other STDs is, HIV/AIDS kills. HIV positive persons should not be isolated or quarantined. HIV is here to stay--so let us face this problem with lots of love, TLC (Tender Loving Care), and latex condoms. It has been said that '...truly profound changes in human suffering and tragedy are most often brought to an end not through powerful people or institutions but by movement of so-called ordinary people.' Those of us who are gathered here at Mokule'ia today, can bring about important changes to address the challenges presented by HIV."

C. **Merina Sapolu - Kokua Kalihi Valley Comprehensive Health Center**

Educating on Condom Use. "During an AIDS presentation, the subject of condom use is a very sensitive topic to talk about to any group. The educator should know the group well before any presentation or discussion. Many times you can tell from the way they look or sit how they feel, whether comfortable or uncomfortable, about what's to be presented or has been presented.

Sex is never discussed in a mixed group in most Pacific cultures. A culturally sensitive educator should separate men from women before any presentation. However, there are still times when it is preferable to talk about condoms rather than do a condom demonstration. The educator's judgment is important as each group is different.

The educator's confidence in herself/himself is very important. Let the people know that you are talking about a sensitive topic. However, these are critical times and it is crucial to be educated about protection from HIV. Condoms are not 100% safe, but if they are used properly they can offer effective protection from HIV, other sexually transmitted diseases, and unwanted pregnancies.

Condoms should be put on before having sex, when the penis is hard. Only use latex condoms (be sure to read the label) and never reuse a condom. Always use water-based or silicone lubricants. Oil-based lubricants such as Vaseline, mineral oil, vegetable oil, and cold cream should not be used as they could break the condom.

Now is the time to help each other overcome the many barriers that are stopping us from talking about this disease. We are isolated in the Pacific and our population could be completely wiped out."

Ms. Sapolu concluded with a demonstration on condom use, entitled "Put the Sap In a Cap".

Put the Sap in a Cap

1. Use a new condom every time you and your partner have sex.
 2. Open the package carefully. Squeeze the tip of the condom to remove air.
 3. Place the condom on the tip of the hard penis and roll the condom down all the way to the base.
 4. After sexual intercourse, withdraw the penis while it is still hard. Hold on to the rim of the condom and be sure that nothing spills.
 5. Throw the condom away in a trash can.
 6. Always clean up after sexual intercourse.
- Protect!!! Enjoy Safer Sex!!!**



II. STD/HIV Epidemiology

Presenters: Sheila Cort, Continental U.S.
Alan Katz, M.D., Hawai'i
Dr. Le Mamea Matatumua, Western Samoa
Ben Jesse, Federated States of Micronesia

*"AIDS is a wake up call for humanity.
The Pacific is one of the last holdouts on AIDS."*

A. Sheila Cort - Centers for Disease Control (CDC)

A National and International Perspective. AIDS is a wake-up call for humanity. The Pacific is one of the last holdouts on AIDS. The islands are not isolated since military, tourism, and migration continually impact them. We need to learn about the different cultures of these islands and what will work best in HIV prevention.

- The first AIDS cases were recognized and reported in 1981.
- AIDS is now pandemic with cases reported worldwide:
 - 250,000 AIDS cases in the Americas (215,000 in the United States)
 - 150,000 AIDS cases in Africa
 - 65,000 AIDS cases in Europe
 - 3,500 AIDS cases in Oceania
 - 1,000 AIDS cases in Asia
- HIV is the virus which causes AIDS and may be carried in individuals for 5 - 10 years:
 - Estimated 10 -12 million HIV positive persons in the world today
 - Estimated 30 - 40 million HIV positive persons by year 2000
- Youth has become a major risk group for HIV
- The number of women and children with HIV is rapidly increasing
- AIDS is an STD - but it kills
 - Need to look at increase in STDs
 - Reflects the same risk behavior
 - Three million teen pregnancies in 1991 (U.S.) reflect unprotected sex

- It is the behaviors which place persons at risk for HIV - the virus doesn't discriminate. If the behavior is present and the virus is present, you get HIV
- There is no cure
 - Information and education are the only weapons
 - Need to focus on education and prevention
 - Health education to sex education to AIDS education
 - Teach from every angle - tie to math, history, etc.
 - Example math problem: I'm infected and I infect three people, who each infect three others. How many people are infected?
- Education and prevention are most effective if done in culturally appropriate ways.

B. Alan Katz M.D., *University of Hawai'i School of Public Health*

Historical Perspective of HIV in Hawai'i.

- Annual AIDS case rate for 1991-92 placed Hawai'i #13 in the U.S.
- Breakdown of adult/adolescent AIDS cases in Hawai'i:

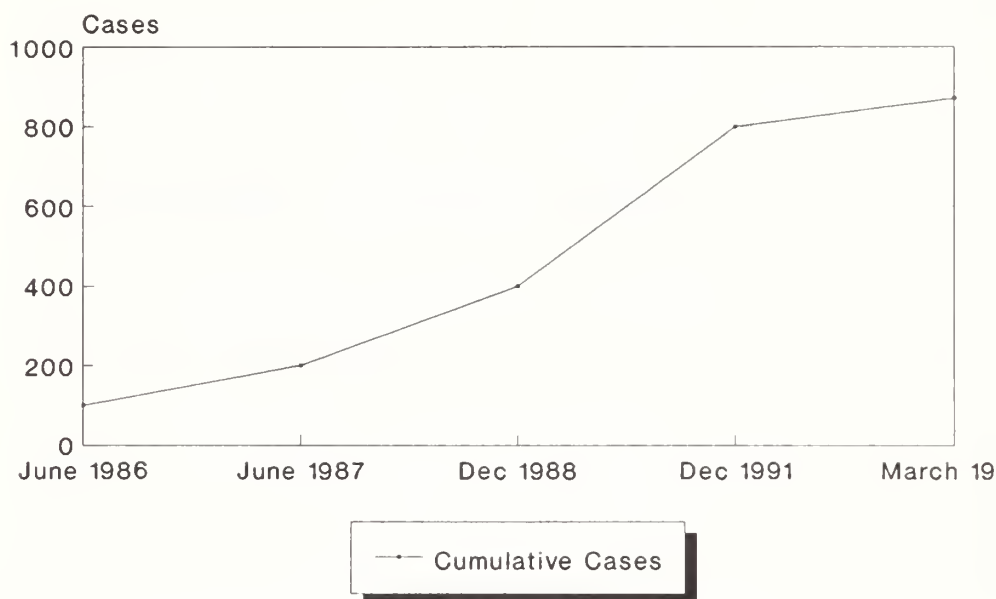
82% - gay/bisexual males
 5% - Intravenous Drug Users (IDUs)
 9% - gay/bisexual male IDUs
 1% - hemophiliacs

1% - blood/blood product transfusion recipients
 2% - heterosexual contact to someone in a HIV risk category
 1% - no identifiable risk

97% are males (nationally, 89% are males)
 63% of AIDS cases have died
 20% of adult cases are Asian/Pacific Islanders
 71% (5/7) of pediatric cases are Asian/Pacific Islanders

***"AIDS cases in Hawai'i:
 63% of AIDS cases have died.
 20 % of adult cases are Asian/Pacific Islanders.
 71% of pediatric cases are Asian/Pacific Islanders"***

AIDS CASES IN HAWAI'I 1986 - 1991



Katz, A. University of Hawai'i

AIDS in Hawai'i:

June, 1986 - 100 AIDS cases reported in Hawaii

June, 1987 - 200 cumulative AIDS cases

December, 1988 - almost 400 cumulative cases

December, 1991 - over 800 cumulative cases

March 31, 1992 - 871 AIDS cases

864 adult/adolescent cases (13 years and older) = 99%

7 pediatric cases (under 13 years)

- Trends in Hawai'i
 - Slight decrease in rate of gay and bisexual men
 - Significant increase in proportion of IDUs
 - Proportion of Caucasian cases decreasing slightly; significant increase in proportion of Asian/Pacific Islander cases
- Estimated 3,000 - 6,000 HIV positive individuals
- Hawai'i was the first U.S. state to open its federally funded HIV-antibody 'alternative' testing site (Diamond Head Health Center in 1985)
- Hawai'i offers free and anonymous testing at multiple sites



- Hawai'i was the first state to incorporate a state-wide HIV/AIDS education program into the public school system (1987)

"Hawaii was the first state in the U.S. to open its federally funded HIV antibody 'alternative' testing site (1985). Hawai'i is a leader in reaching the intravenous drug user population... and also has a needle exchange program on O'ahu"

- Hawai'i is one of a handful of states to apply for and receive a Medicaid waiver to allow Medicaid eligible persons with AIDS to receive homecare support services
- Hawai'i is a leader in reaching the intravenous drug user (IDU) population with the CHOW (Community Health Outreach Worker) Project and also has a needle exchange program on O'ahu
- HIV/AIDS direct service providers in Hawai'i developed a consortium (the AIDS Community Care Team) to help minimize duplication of services
- HIV positive persons in Hawai'i have the opportunity to obtain experimental therapies and participate in clinical trials at an AIDS Clinical Trials Unit.

C. Dr. Le Mamea Matatumua - Coordinator, HIV Prevention and Control Program, Health Department, Western Samoa

Western Samoa:

Population - 160,000

Agricultural economy

HIV Prevention and Control Program started in 1988

National AIDS Monitoring Committee includes:

Government, international organizations, non-government organizations (NGOs)

Funding - mostly World Health Organization (WHO)

The South Pacific region is presently an area of low AIDS prevalence. Reported cases of AIDS and HIV (11/30/91):

COUNTRY	NO. OF AIDS CASES	NO OF HIV CASES
FED. STATES OF MICRONESIA	1	1
FIJI	4	9
FRENCH POLYNESIA	27	102
GUAM	10	34
KIRIBATI	0	2
NEW CALEDONIA	18	64
TONGA	2	3
WESTERN SAMOA	1	1
NEW ZEALAND	300	693
AUSTRALIA	2,796	15,257

Source: South Pacific Commission 11/30/91

D. Ben Jesse - *National AIDS Coordinator, Federated States of Micronesia*

Current Situation of AIDS, HIV Infection and Other Infections in the Federated States of Micronesia.

Federated States of Micronesia (FSM)

67 inhabited islands

Population - 106,000

November, 1989 - first confirmed AIDS case

1990 - another case (outsider residing in FSM)

STD - 60 cases/quarter

Nationals frequently travel to highly infected areas and return home

Prevention is the major objective

Each state has its own task force comprised of health workers, community groups, religious leaders, etc.

"The Federated States of Micronesia (FSM) consisting of the states of Kosrae, Pohnpei, Chuuk and Yap is an island nation of the Western Pacific Ocean. The 607 islands and atolls are spread over one million square miles of ocean. The islands, of which 67 are inhabited, range from tiny atolls of a few acres to high volcanic origins.

The people of the FSM are a diverse group culturally and linguistically. There are seven major indigenous languages spoken in FSM. The 1992 mid-year population was estimated at approximately 106,115, with an

annual growth rate of more than three percent. The great majority of the population is under the age of 40, with 40% under the age of 15. The state (urban) centers contain about 80% of the total population, with the remainder living on the outer islands.

The prevalence of HIV infection in FSM is not known. There have been two cases of AIDS documented in FSM in 1989 and 1990 respectively .

"The specter of AIDS has hit the Federated States of Micronesia and the possibility of additional cases is probably awaiting detection once surveillance capabilities are optimized ."

Presently, there is no other known or confirmed HIV infected or AIDS cases.

The reporting of sexually transmitted diseases (STDs) varies from state to state depending on factors such as distance from the health center, availability of tests, reagents, training and conscientiousness of responsible individuals and the public utilization of

facilities and resources. Gonorrhea is the most frequently reported STD in FSM. Reporting is based on laboratory confirmed cases. Chlamydia is also thought to be common, but not reported due to a lack of testing capabilities. Syphilis is seldom

encountered, and when it is, it is in the latent stage. Since 1984, it has accounted for 0 - 2 cases per year. Symptomatic syphilis has not been documented in the past few years. Gonorrhea is the most frequently reported STD averaging 60 cases per quarter.

Since the pattern of HIV transmission is conceivably Pattern III (FSM nationals travel to a highly infected area; get involved in high risk behaviors; get infected and return home), the likelihood is that the prevalence would be low. On the other hand, several factors are present that may favor an increased prevalence, such as a large sexually active population; a high degree of movement of this population, especially with the ease of international travel; an increase in the tourist trade; and the prevalence of sexually transmitted diseases.

The specter of AIDS has hit FSM and the possibility of additional cases is probably awaiting detection once surveillance capabilities are optimized. The high cost of therapy and care of the HIV and AIDS patient encourages the exploration of innovative management approaches that will not decimate the health care resources of the country. The judicious use of hospitalization coupled with an outpatient support initiative involving community agencies and family members will be an important component in this strategy.

The economic and social impact attributable to this condition in countries where the condition has become endemic is overwhelming and it is impossible at this point to predict what the outcome would be in this country (FSM), if the infection achieves a firm foothold.

In conclusion, the main intervention involved is health promotion and all of its ramifications. A better understanding of the disease processes is needed by the population--its transmission--potential ways, and the elimination of fear as a component. This will undoubtedly minimize some of the devastating impact as a result of HIV infection or AIDS."

III. Pacific Islanders - Living with HIV/AIDS and Care Givers

Moderator: Sean Duque
Presenters: Both presenters wished to remain anonymous.

A. *A Care Giver's Story*

"Information of my brother-in-law being sick with AIDS came in the night. My husband and I woke to the painful, sobering sound of someone in despair. As we ran to the edge of the lanai under the dark blue night, staring straight up to us were eyes in pain, fright, and shedding tear after tear. The light of the night picked this up well. My sister-in-law's face glistened as tracks of her tears made their way across and down her face. The voice, broken up and in pain said, "___, our brother is dying...he has AIDS." My stomach wrenched with pain that went so deep I couldn't breathe or move at the time. This wrenched feeling stayed with me for two days. Whenever I think about that night it comes on again so easily.

"When he was assured that we were not ashamed or offended by his diagnosis, he agreed to let us bring him home. He also admitted then that coming home was what he wanted for a long time."

That night began for me and my family with the realization that AIDS was in our home, so very close that we could touch it.

What do we do? What do we do as a brother, a sister, a family - as parents?

On the phone he sounded good, same voice that we were so accustomed to. When we told him we were coming to see him in the mainland he put in his request for okazu bento. That was an easy order to fill. The more difficult issue was what we would find at the end of our journey. To hear his voice as we knew it relieved us to no end. So we had set out 1 1/2 days later on a flight with seven boxes of okazu bento, hopefully to bring our brother-in-law home. Our flight was a quiet one, which gave us time to think about what he would physically look like. Would he look like the brother we knew? His siblings and sisters-in-law and a very close friend made the journey together a day and a half after that news that came in the night. Even the 45 minute ride from airport brought even more tension and anticipation along with much mixed emotions, yet we couldn't wait to greet him and be close again.

The only outward signs as we knew it at the time was the PCP (Pneumocystis Pneumonia) and Kaposi's Sarcoma. We couldn't help but imagine him with a distorted physical appearance and the possibility of ugly purple lesions on his once upon a time handsome face.

We arrived at midnight and were allowed to enter his room after finding our way down a long, dark and unwelcoming corridor. We held our breath as one of us pulled open the heavy door. All of us hoping to be in control of our emotions and in hopes that our reception would be non-shocking to all of us...What a relief! It was our brother in full form, no obvious changes physically or mentally.

The opener was the okazu bento, the maile and puakenikeni leis - his favorite and hugs and kisses all over, everyone. We hugged and kissed each other too, tears of joy all over the place. We all ate bento together.

Without getting into small talk we immediately asked him to come home. No answer came for a pretty long while. We assured him we could get things together as we already tried to coordinate information and services with agencies in Hawai'i before we came.

When he was assured that we were not ashamed or offended by his diagnosis, he agreed to let us bring him home. He also admitted then that coming home was what he wanted for a long time.

All of us expressed in our own way that it didn't matter to us how he contracted the virus, it wasn't important. All we wanted was to take him home where he belonged.

In 2-1/2 weeks, our brother was home, still suffering from his bout with PCP, but he was home. Not everyone with AIDS has that option. My brother-in-law was with us for 1-1/2 years at home.

His caregivers were his family and friends. His support was his family and friends. I look back and think, "how wonderful to have been with him." He taught us a lot about life.

Initially with the knowledge of his diagnosis our brother left for a place where he could control the shame and pain to protect his family. Well, he tried.

As a mother, I admit I worried about transmission - accidental transmission to my children. The children were very close to him, there was much contact involved. My responsibility urged me at that time and instant to educate myself and the children. How could we be close without compromising each other's safety and health? It all worked out, yet there was always the anxiety of those words "what if".

We are a very "local" family. Hawaiian, Chinese, Puerto Rican, English, Norwegian, and Scotch. The "local" community of which we were a part was immense. You know how it is in Hawai'i - everyone knows practically everyone and if not, a relation could be found with some minimal thought or further discussion.

He tried to keep his diagnosis at a low profile and encouraged us to do the same. He made it clear that if friends asked us if he had AIDS it was ok to confirm it, otherwise, he had cancer. Although he expressed these wishes to us, he also left it up to us what we wanted to share with others.

It was a roller coaster ride in the care and company of our brother, from day to night to morning to evening. Exhausting, tiresome, strain fully hopeful and yet they were happy, once in a lifetime times. As a family we quarreled amongst each other when it seemed we were at patience' end. But every moment, every smile, every ear was accounted for and there were many. Memories were created and saved.

At that time, there was only one support group available for persons with AIDS, but my brother-in-law was uncomfortable as he was the only "local boy" to attend. There was no support group for family and friends. We had no choice but to find our support with each other.

St. Francis Hospice became involved two months prior to his passing. He was bed-ridden for two and a half months and a Hospice representative provided assistance two times a week. The rest of the time other family members traded day and night vigils. My husband took forty five days off from work to take care of his brother twenty out of twenty-four hours a day.

Our respite came from within the family and friends, though by this time it would be helpful and a relief if you were familiar and knew the process of changing the diaper of a 6'2" adult male, bed baths, draining of the foley bag, cleaning of the catheter area, constantly changing the bedding along with the constant coughing and throwing up.

From beginning to end our concern was not about AIDS, AIDS, AIDS. Our concerns were of hope, comfort, and happy times together.

No matter what you have, no matter how you got it, it wasn't important.

What mattered was how we lived our lives together each day.

Death was a subject put off by our brother for a long time. In fact, as long as he could walk and do most things for himself, death and dying was never given any consideration. Needless to say the family was concerned at times.

It was by word of his close friend that he began planning his finale. Sometimes this is a wonderful benefit. Of course with his strong instruction, everything was done to the "T." Even his eulogy - what a gift to us!

If my story seems unique - it was to me at the time. Several years have now passed and I have come to know some families, "local", where our stories are somewhat identical. Hear me when I say "somewhat."

Still to this day we have our young people who are infected and don't want to bring shame to their families. They leave the islands - their home, to take residence in another state ... foreign and uncomfortable. They leave the home they love only to protect their families and friends from the fact that they are sick with AIDS or soon will be. Not to mention how they contracted it.

They are not where they truly prefer to be realizing that what they need more than anything else is the love and understanding of their family and friends.

Where is the "*ohana*" (family), the "*aloha*" spirit as we *kama`ainas* and local people know it? Why do our young adults in their prime leave us?

I have come to the conclusion that lack of education has something to do with it. Everything else is already in place.

The "*Aloha*," the brother, the sister, the mother and father, the comforts of the at-hand delicacies: plate lunch from Diners, Zippy's Restaurants, sounds of the Brothers Cazimero, the beach, the Kamehameha School song competition, the Merrie Monarch Festival, Aloha week festivities, and the University of Hawai'i Wahine Volleyball games!

After going through all of this and how the local culture addresses this issue, it is important to reach out and open ourselves up to learn and educate ourselves. This goes so much further than AIDS or shame or any other life threatening disease.

We learned how to appreciate life and each other on a day to day basis. As in reality we are all "on loan" to each other.

So the education began five years ago and continues with myself and my family - my children, a daughter and two sons. At this time they're dealing with sex and drugs and we're dealing with them. We thank our brother for this valuable experience in life and pass it on.

Six months after his passing, my husband and I took the volunteer training with the Life Foundation (in Honolulu), and became buddies to provide support for people with AIDS. We preferred to reach out to the "local" community to share our experiences and be there with them.

To emphasize the Aloha, as we know it is stronger than AIDS.

B. *Living with AIDS*

Eight years ago a woman in Hawai'i believes she became HIV positive when she was tattooed. She did not know she was infected until she had difficulty recovering from a second pregnancy. Her second to the youngest child now has AIDS, but the younger son tested negative at age ten months.

There is approximately a 30% chance that the child of a HIV positive mother will test positive for the virus. It cannot be definitely ascertained that a child is negative until he or she is about eighteen months old. By that time, the child has developed its own immune system. Breast feeding

may increase the chance of infection, so HIV positive mothers are discouraged from breast feeding. This mother believes she transmitted the virus to her son from breast feeding for two and one-half years. She did not breast feed her youngest son.

People need to be warned about the dangers involved in tattooing, especially when it is done at home or when several people are tattooed at the same time. Some individuals are still tattooing in unsafe ways even when they know of the dangers.

AIDS is very expensive. Most of their medical bills are covered, but not all medications. Medication costs are very high. Both mother and son need to fly to Honolulu for hospitalizations and this increases the cost and stress for the entire family as there are three other children at home to care for. Her husband is very supportive and is often at the hospital with them. Many donations help to meet some of the expenses and the family receives food certificates and food from the Foodbank.

AIDS is extremely stressful. There are good days and bad days. The Life Foundation and AIDS Project are very helpful. They telephone and keep in touch to see how the family is managing. Family members are very supportive, but it is a difficult and very stressful time for all of them.

The infected son is now in his second year with the Head Start program. At first the teacher was nervous, but there have not been any problems with other parents or children. The son's eating improves when he is with other children and this is an extra benefit.

The family has been denied housing because two family members are HIV positive. They are now meeting with civil rights organizations to deal with this.

In order to live with AIDS, a person needs to think positively and make the most of the good times. It is easy to be afraid, but this women uses her mental attitude to fight AIDS. She focuses on love, prayers, hope, and faith.



IV. Traditional and Non-Traditional Prevention and Treatment

Moderator: Loia Fiaui, Hawai'i
Presenters: Lino Olopai, MPH, Commonwealth of the Northern Marianas
Papa Henry Auwae and Sabina Mahelona, Hawai'i
Sue McCourt, Hawai'i

A. Lino Olopai, MPH - *Chamorro & Carolinian Language Policy Commission*

"What I know about Micronesian traditional healing and medicines, I learned from my family. It was what they did and used to bring comfort to those who were dying - to bring comfort to their families. I myself am not a healer, but learned about the practices from my family.

*"The biggest
medicine to alleviate
spiritual suffering is the
support of the
family."*

At this time, to my knowledge, there is no known traditional Micronesian medicines that will cure AIDS. There are several that could bring relief. Not just from pain, but relief from spiritual suffering. The biggest medicine to alleviate spiritual suffering is the support of the family. Just being there is a medicine in itself. That is the biggest relief.

In Micronesia the people are the strongest form of medicines. Especially in the Carolinian traditions. I am concerned about all of the changes happening to my people. While we move ahead with the modern world, we lose a piece of our tradition, our culture, our ability to heal ourselves. Our families are being torn apart, unable to withstand the pressures and stresses of these modern times. Where Micronesia is developing economically, families are being destroyed. There must be a way to carefully examine how to approach this push towards economic development, and yet maintain the integrity of our values and most importantly our families. With the breakup of the family, it follows that the support of the family is also lost. When that happens, to whom does a person who is in pain or dying turn for the healing support?

*"How can the hospital
include traditional practitioners
in light of malpractice issues?*

How can they not?

*Hospitals have a moral
responsibility to their patients to
reevaluate and introduce
traditional medicines as an
alternative choice."*

So I question how can we bring together healing traditions with today's western practices? We need to introduce and to encourage the practice of traditional healing methods within the walls of western institutions. Because the practice of Micronesian medicine is entrusted to chosen individuals and passed on orally, and as hospital policies are so rigid, I am not sure how we can bridge them. Hospitals are constantly facing issues of rapidly rising

insurance costs, malpractice suits, and increasing medical costs. Also, western physicians do not, for the most part, respect traditional methods, and yet they rely on and prescribe pharmaceuticals, which have a base in traditional ingredients. Also there are laws which prevent the practice. How can the hospital include traditional practitioners in light of malpractice issues? How can they not? Hospitals have a moral responsibility to their patients to reevaluate and introduce traditional medicines as alternative choices.

Let's take mid-wives as an example. There are elders in Micronesia who could help women experience a natural birthing, and help ease the pain. They are also able to determine if the child is a boy or a girl, twins and even the date of birth. For women in hospitals today there are not many choices, but to trust the physician. A number of these women end up with C-sections. If traditional midwives were accepted by the hospital, those women would have a choice. The hospital will not recognize midwives because they did not attend an accredited western school, so their skills are not recognized. And yet these are the same women who have brought our babies into this world through the centuries. And these women didn't need malpractice insurance. There are medicines and techniques for helping women through difficult births.

The special herbs are rare to find because of economic development. The biggest loss in Micronesia, especially in the Marianas, is the difficulty of finding the herbs because of this development, scraping the mountainside to build houses, rapping the corals for jewelry and souvenirs, and trees cut down for the golf courses to accommodate those who are not of our land and culture."



B. Papa Henry Auwae and Sabina Mahelona - *Native Hawaiian Health Practitioners*

"In these very trying times with dreaded diseases such as AIDS, western medical systems are struggling with how to bring hope and healing to those suffering with AIDS. Traditional Hawaiian medicine, a system based on thousands of years of practice, may provide an answer to the treatment of AIDS.

When working with a person, he'll come to me and ask, "Papa, can you help me?" I always invite him in. I say, "Let us see how you can help me to help you get well." We need to find a solution, a way to destroy the disease which is hurting the body. To do this, first you need a clear mind. You need to have faith. Ask God for guidance and clearance and for help in our daily lives and with our daily mistakes. By doing this you can help release the blame which was inflicted by others for the actions which caused the disease. This is not the time for blame.

The most important part of our work requires that a natural trust be developed. If the person does not trust in you, then you are lost. I work with the individual, and if there is a partner or family, I ask for them to be present; to become a part of the treatment; to learn how to help. You need to develop togetherness with each other, so that the person in need can depend on you, on the partner, on the family, without hesitation. It is important to develop a close relationship with an individual to learn how to help. You cannot develop one treatment that can be used for everybody. Everyone is unique. The problem may be the same, but it is how the person responds to the problem that calls for the individual treatment.

Then comes faith, which is the key. It does not matter what religion you follow as long as you have a relationship with God. Always be aware that God is there with a helping hand with unforeseen problems. I encourage every person to directly ask God for help. It is better for the person asking for help not to have any attachments or owe anybody anything. He or she must be able to ask for help with a free mind, free will, and a free heart.

To help people, you must have the *mana*, the power of life. You need sincerity and truth. You need to establish trust between the health practitioner and the one in need, and you need to trust people, otherwise whatever you do will not work. It is also important to have love and compassion. You need love, plenty love, understanding and much patience. Sometimes things don't fall into place when you want them to, but eventually they will.

I am now teaching traditional Native Hawaiian health practices to Hawaiians and non-Hawaiians. When I taught at the University of Hawai'i at Hilo, the class began with 31 students, and ended with 10, who completed the course. If at anytime I should become sick, any of these 10 can take care of me. I can rely on any one of them. That is how much I trust them. We are always in communication with each other for consultation, learning and sharing. They are learning the Hawaiian language, and how to pray in Hawaiian. They learn how to go to the mountain and pick herbs for certain ailments. They learn how to prescribe and how to prepare the herbs for each ailment. They also learn to work in harmony with nature and the elements.

I now have 15 *Kapuna* (elders) and a number of young people in training to become herbalists - *La'au Lapa'au* (doctors of traditional medicine). This will ensure the survival of this very important traditional practice."

C. Sue McCourt, RN - HIV Coordinator, Queen's Medical Center

- Favors having both traditional and non-traditional medicine available.
 - Gives the knowledge and option of all possible treatments.
 - Patient could try whatever they think will work.
- Spirituality is recognized by traditional medicine as being part of the illness and the cure.
- HIV/AIDS related diseases and their non-traditional (western) treatments.
 - Candidiasis - yeast (common)
 - Treatments - Nystatin
 - Amphotericin B
 - Fluconazole
 - CMV Retinitis and CMV Colitis
 - Treatment - 33% Gancyclovir Foscarnet
 - Cryptosporidiosis
 - Treatment - Combination of antibiotics
 - Disseminated Mycobacterium Avium Complex
 - Treatment - Combinations of antimycobacterial drugs
 - Pneumocystitis Carinii Pneumonia (PCP)
 - Prevention - Aerosolized Pentamidine
 - Bactrim Septra
 - Treatment - Pentamidine IV and/or
 - Aerosolized Pentamidine
 - Bactrim Septra
 - TB (this TB does not respond well to current therapies)
 - Difficult management requires long term multiple medications and follow-up.

V. Sexuality and HIV

*"Sex is the opposite
of the weather
Everyone talks
about the weather but
no one does anything.
No one talks about sex,
but everyone does it!"*

Moderator: Dr. Harvey Gochros, Hawai'i
Presenters: Panelists wished to remain
anonymous

A. **Harvey Gochros -**
University of Hawai'i, Social Work

Sex is the opposite of the weather. Everyone
talks about the weather but no one does

anything. No one talks about sex, but everyone does it! CDC (Centers for Disease Control) is uncomfortable about using humor in AIDS ads and using the words, "sex" and "condom". Traditionally sex was viewed as part of life--enjoyable, sharing. Christian missionaries viewed sex as sinful, fostering guilt and fear. Connections made between sex and AIDS can be dangerous. Sex should not be viewed as bad.

Highlights from the panel presentation.

- Sexuality is only one part of the total person. We need to focus on the whole person. What is important is to be a good person.
- Adolescence and sexuality. Adolescents worry about being accepted and pleasing everyone.
- Most gay teens are not visible. There is a high suicide rate among gay teenagers. They don't want to label themselves as gay so they will have sex with the other gender to fight their gay feelings.
- Some adolescents experience more acceptance on the street. They may be thrown out of their homes and then become prostitutes to make money and receive affection. They look for acceptance rather than sex, which makes them vulnerable to AIDS.
- Most teens have sex without protection. Many became pregnant. They also get AIDS.
- Most people diagnosed with AIDS are in their 20s and 30s. Most become HIV positive as teens.
- It's the behavior, not the person. A gay using a condom is safer than a heterosexual not using one. HIV rates are going down for gays (changed behavior). Lowest rate of AIDS is among lesbians. If God doesn't like gay males, she must really like lesbians.
- How to talk to teens about safe sex: First, be friendly, caring, and respectful. Tell them they have choices or you'll lose them. They want to talk about sex. Need to talk about condoms. Before you talk about AIDS, you need to talk about sex.

VI. Hemophilia, HIV, and the Pacific

Moderator: Linda Schornstein, Hawai'i
Presenters: Michael Robinson, Hawai'i
Arthur Johnson III, M.D., Hawai'i

Purpose. The purpose of the Hemophilia Foundation of Hawai'i (HFH) is to promote the general well being of all persons having hemophilia as well as their families and friends and to assist them in leading independent, healthy and creative lives in Hawai'i. In addition, the HFH seeks to interface with all communities in matters of mutual interest and concerns.

A. **Michael Robinson** - *Hemophilia Foundation of Hawai'i Trustee*

- Had a son born in Guam with hemophilia
- Hemophilia is an inherited bleeding disorder in which the blood does not clot properly due to the lack of a specific clotting factor.
- Although hemophilia predominately affects males, the genetic trait is carried by females who may or may not have bleeding problems. In some cases, the hemophilia gene may appear as a result of a gene mutation in families with no history of the disease.
- Look for a pattern of bruises to determine if hemophilia or abuse is the cause.

B. **Arthur Johnson III, M.D.**, *Hemophilia Foundation of Hawai'i Medical Advisory Committee*

- Hemophilia is treated most commonly with clotting factor concentrate which is given intravenously. The clotting factor replaces the protein which is missing in the hemophiliac's blood. It takes a lot of blood donors to supply clotting factor for one person with hemophilia.
- Before 1986, a significant number of people with hemophilia became infected with HIV from contaminated blood products. Since that time, many measures have been taken to improve the safety of clotting factor; therefore, people who were not infected in the past are at almost no risk of HIV exposure from blood products in the United States.
- Soon a non-blood product will be available to treat hemophilia.





CULTURAL INTERVENTIONS



Cultural Interventions with Special Populations

Four breakout sessions gave participants an opportunity to learn about a variety of programs which are dealing with at-risk populations. The sessions were:

- adolescents;
- substance users;
- women and children, and
- travelers.

Each session focused on a specific population and panel members described current interventions. A question and answer period followed the presentation and workshop participants shared insights and examples from their programs. The schedule enabled participants to attend any two of the four sessions.

SESSION 1: Adolescents

Presenters: Susan Cole, Hawai'i
Dan Yahata and PEP Students from Wailaua High School,
Hawai'i
Na 'Opio Kokua O Wai'anae Students, Hawai'i
Wai'anae High School RAPS Teens, Hawaii
Darlene Keju-Johnson, Republic of the Marshall Islands

A. Susan Cole - *Director, Peer Education Program (PEP), Hawai'i State Department of Health*

Peer Education Program (PEP)

The Peer Education Program is a collaborative effort of the Hawai'i State Departments of Health and Education. There are twenty (20) sites statewide and in all school districts. Through adult Peer Coordinators at each on-campus school site, Peer Educators are trained to provide education and support on adolescent health risk issues to students at their school and at feeder schools in their complex. (*Feeder schools refer to elementary and intermediate schools within the same school district.*) The program is prevention oriented, seeking to arm students with information and strategies to assist them in making healthy decisions for themselves.



**B. Dan Yahata - PEP Coordinator, Waialua High School, Department of Education
Waialua High School PEP Students**

- PEP (Peer Education Program) is a collaborative effort of the Department of Health and the Department of Education
- PEP is available at 20 schools in Hawai'i
- Only 20 positions are collaboratively funded through the Department of Health and the Department of Education
- Students receive credit for PEP classes

Group Activity Conducted by the Waialua High School Students



1. Each person in the room receives a 3 x 5 card
2. Each person writes their name on the card
3. Each person is asked to meet two people in the room
4. These two people each write down their name, favorite movie, and favorite food on the person's card
5. Facilitator asks those persons with an orange dot on their card to stand.
6. The facilitator tells them that they are persons with AIDS
7. Facilitator asks those persons who met the individuals who have been identified with AIDS to also stand
8. Facilitator tells them they are also infected
9. Process continues until almost everyone is standing
10. Facilitator asks those who know the exercise yet still participated to raise their hands
11. Facilitator asks them, "Why did you participate if you knew the risk?"
12. Facilitator asks those who know the exercise and did not participate to raise their hands
13. Facilitator asks them, "Why not?"
Possible reply: "abstained"
14. Facilitator asks them, "How did they feel?"
Possible reply, "hard, lonely, unfriendly, etc."

This exercise is a metaphor for unprotected sex. It shows that it is unrealistic to expect teens to abstain from having sex.



C. Na `Opio Kokua O Wai`anae - *Wai`anae High School Peer Counseling Program*

Na `Opio Kokua O Wai`anae (The Helping Children of Wai`anae) is a peer counseling program made up of Wai`anae High School students. Because teens turn to their friends for help, this program was started in hopes of reaching more youth on campus. The teens who join the program meet once a week after school throughout the school year. They get to know themselves - strengths, weaknesses, and values. They are then trained in such counseling skills as active listening, problem solving, and referrals to appropriate school personnel for more in-depth counseling.

The efforts of the peer counselors are purely voluntary. They receive no credits or payment. The reward is the satisfaction of helping another human being.

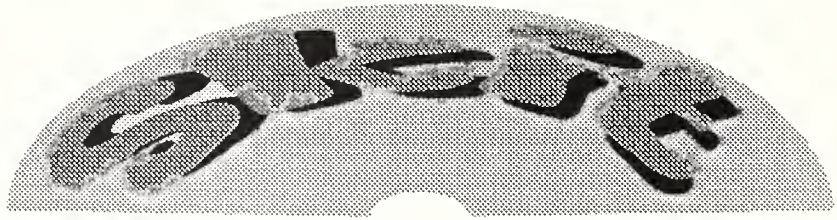
D. Wai'anae High School RAPS (Reaching Adolescents and Parents through Skits) Program

R.A.P.S. (Reaching Adolescents & Parents through Skits) Local Style is sponsored by the American Red Cross. Nine Wai'anae High School Peer Counselors volunteered their time to receive in-depth education about HIV/AIDS, Alcohol & Drug Use related to AIDS and decision-making. They were required to develop a 20-minute skit, including the topics in which they were trained. They are expected to do at least one presentation a year.

The Wai'anae R.A.P.S. teams have chosen to link up with the Wai'anae Coast Comprehensive Health Center AIDS educator in doing the presentations. This provided the audience with a visually emotional experience followed by current information about HIV/AIDS.

R.A.P.S. is a voluntary, after school program, and no credit is received. Parents are very supportive. Training is provided by the American Red Cross and coordinated through the Wai'anae Transition Center and the Wai'anae Peer Counseling Program. The program requires a lot of time and commitment.

Information is presented through skits. Health information is provided by the educator following the skits.



Skit 1

- Scene 1:**
1. Denise meets Davin at the beach
 2. Best friend, Felicia, gets upset about Denise's attraction to Davin and tells her to stay away from Davin
 3. Felicia, Denise, and Kehau talk about sex and AIDS while drinking beer. Denise refuses a condom offered by Felicia
 4. Davin unsuccessfully offers beer to Denise on their date. He pressures her about having sex with him and kicks her out of the car when she declines.
 5. At school, Felicia tells Denise and Kehau that she got HIV from Davin. She has never told Davin and feels she needs to before he gives it to someone else.
 6. Felicia tells Davin that she tested positive for HIV. He is in shock.

Skit highlights: Youths, sex, and AIDS.

- Most still have the "it can't happen to me" attitude,
- Many don't use condoms, especially the first time they have sex,
- Condoms are not distributed at schools.

Skit 2

- Intro:** Each character gives an opinion about AIDS
- "I can't get AIDS . . . I have a boyfriend
I'm not gay
I never will
I'm too young"
"Get real you guys. . . anybody can get it!"

- Scene 1:**
1. Rick and Ami are going together. Ami chooses not to have sex.
 2. Nani shares her needles with Sheila
 3. Rick goes to Ami's house and unsuccessfully tries again
 4. Rick goes to Sheila to be consoled but has unprotected sex with her instead
 5. Nani comes over and tells Sheila that she is HIV POSITIVE
 6. Rick receives a letter from Ami telling him that she is returning to him.
 7. Rick confides in Christy . . . tells her his troubles
 8. Ami and Rick have unprotected sex

Finale: Each character talks about how they now feel. Sheila is dead. Rick will continue to infect others. Nani will warn others. Ami is pregnant. Christy talks to the audience. . . "think about it".

E. **Darlene Keju-Johnson -** *Youth to Youth in Health,
Republic of the Marshall Islands*

Youth to Youth in Health (YTYIH) is a leadership program outside of the school system. It is comprised of youth, 14-26 years old who provide health education and stimulate pride in culture as a basis for taking action on health and social needs.

Problems in the Marshall Islands

- persons live on small atolls,
- 60 percent of the population under 19 years of age,
- high teen pregnancy rate,
- high male suicide rate,
- high rates of alcohol abuse,
- high rates of STD's.

"Youth are taking the leadership role in training, community health outreach, and assisting the health workers in the clinic setting, particularly in the area of family planning."

Youth To Youth In Health was formed in 1986. This youth group does different types of activities including conducting two week youth leadership seminars during the summer for youth to become young health educators. The first week of the training involves lectures, films, slide presentations. During the second week, the young people produce

health materials including skits, songs, slides, puppet show, posters, etc. Over 150 youth have now been trained. After the training they reach out into the community as peer educators. They assist the family planning nurses and health educators on outreach visits to outer islands taking the family planning service to the people. They teach about health and support their culture and have fun while learning and dealing with the issues. Youth are taking the leadership role in training, community health outreach, and assisting the health workers in the clinic setting, particularly in the area of family planning.

As a result of YTYIH services, Family Planning clients have dramatically increased, including the number of adolescent clients. Also, there have been more males utilizing Family Planning services.



SESSION 2: Substance Users

Presenters: Tyrone Reinhardt, Hawai'i
Nalani Olds Reinhardt, Hawai'i
Kelvin Ching, Hawai'i

A. Tyrone Reinhardt - *Alu Like, Inc.*

Native Hawaiian Substance Abuse Systems Development Project (SASD)

Through a contract with the Hawai'i State Department of Health, Alcohol and Substance Abuse Division, SASD is in the process of developing and testing a replicable process model for facilitating empowerment of Native Hawaiian communities to assess their specific needs for alcohol and other drug abuse and develop culturally appropriate service systems to meet those needs. Each of the three targeted communities, Waimanalo, Hana, and Moloka'i, will create a staff development program to provide qualified, certified, and culturally competent substance abuse service provider and a non-profit, 501(c)(3) agency, a Native Hawaiian Community Substance Abuse Council, through which funding from granting agencies can be accessed and managed.

SASD is also developing tools for communities to use to build a Native Hawaiian, culturally appropriate and acceptable "Twelve-Step"-type recovery support groups, including *Na Kupuna* (elders) style 'Al-Anon' support for family members. Finally, SASD is developing a circulating substance abuse and Native Hawaiian cultural resource library for rural community education and counselor training.

Activities during year one focused on developing awareness of and interest in resolving alcohol and other drug problems in each of the three targeted communities. Weekly meetings convening concerned community residents were held in each of the communities for the purpose of assessing needs and developing objectives and strategies to deal with substance abuse problems. Community plans were developed by each community for addressing the needs identified for services.

A pilot substance abuse prevention program for high risk youth, which focused on building self-esteem and bonding between youth and community leaders, was implemented on Moloka'i. Five Native Hawaiian individuals willing to be trained as substance abuse counselors to work in their communities were identified. A curriculum for training culturally - competent Native Hawaiian substance abuse service providers was developed.

During the first year, strategies for the recruitment and retention of Native Hawaiian substance abuse counselors were researched and a pilot project implemented. In addition, extensive training was provided to community workers, and a training and resource center was developed for rural, Native Hawaiian communities comprised of printed materials, books, cassette tapes, and video programs on both Native Hawaiian culture and alcohol and other drug use information.

During the second year, weekly community meetings continued and community participation was expanded. Each of the communities identified four more individuals willing to be trained as substance abuse counselors for Native Hawaiians in their communities. The three communities have also developed pilot prevention project proposals and have begun to implement them and have identified second priority services for implementation during the third contract year.

By the end of the second year, SASD's sub-contractor, Hale Ola, will complete and submit a booklet which lists the means to facilitate the recruitment of and increase the retention of Native Hawaiian personnel in the substance abuse field. The booklet will include cost incentives with cost estimates, non-cost incentives and other recommended retention strategies, and will be distributed to appropriate agencies by Alu Like, Inc. In total, SASD will have identified a minimum of 13 Native Hawaiian substance abuse counselor trainee candidates, assessed their levels of education, aptitude and experience, and developed individualized training programs, using both local community and Statewide resources, to prepare these trainees for Hawai'i State Certification for Substance Abuse Counselors. SASD will have also developed and submitted to ADAD drafts of generic community training programs which address the specific needs identified by the respective target communities.

Summary:

- Substance abuse research project which is federally funded.
- Focused on three communities
 - Waimanalo (O'ahu)
 - Moloka'i
 - Hana (Maui)
- Community workers have been placed in each community
- Each community is expected to:
 1. Obtain its own non-profit status (501c3)
 2. Develop its own culturally appropriate 3-5 year plan
 3. Use competent trained counselors to deal with substance abuse (both Bachelor of Arts degree and Hawaiian culture and values)

4. Provide services ranging from prevention to after-care services

Each island and each community is culturally different and the process will be different for each community. Waimanalo's plan includes:

- Focus on illnesses of society
- Cultural learning center
- Youth activities
- Strong emphasis on family
- Ahupua'a land system (interconnected economic sector from mountain to sea)

B. Nalani Olds Reinhardt - *Hawai'i Addiction Center*

"Ho`omau Ke Ola utilizes an active, holistic approach which focuses on:

- 1. ke kino (body),*
 - 2. ka mana`o (mind), and*
 - 3. ka `uhane (spirit)."*
-

Ho'omau Ke Ola Program provides residential treatment to chemically dependent individuals.

- Program began in 1987 in the Waipahu area.
- Our goal is to promote a return to health and re-entry into society.
- The program deals with the physical, mental, emotional and spiritual problems.
- We treat clients with dignity and respect.
- We utilize outdoor activities.
- Persons with dual diagnosis are accepted.

Ho`omau Ke Ola utilizes an active, holistic approach which focuses on:

1. ke kino (body),
2. ka mana'o (mind), and
3. ka 'uhane (spirit).

The Kupuna (elders) program:

- uses Hawaiian cultural values,
- works with the families, and
- commitment of the Kupuna to be a support system for life.

Native Hawaiian healing and cultural practices are included:

Aloha 'aina (love of the land)
Ho'olokahi (to bring about unity and peace)
Ho'opa'a ku'auhua (to learn genealogy)
Ho'oponopono (to put things right)

Kokua (to cooperate and support one another)
La'au lapa'au (to treat medicinally with plants)
Laulima (to work together as a group)
Lomi lomi (massage therapy)

Ha'aha'a (to practice humility)
Aloha (also - come face to face; ha - breath of life)

Substance abuse was not a part of Hawaiian culture

- Hawaiian tobacco was used to:
 - Preserve feathers for capes
 - In religious ceremonies (awa)
- Misuse was severely punished

C. **Kelvin Ching** - *Community Health Outreach Worker (CHOW), Hawai'i*

The CHOW Project (Community Health Outreach Work to Prevent AIDS)

***"Of the cases of AIDS
in Hawai'i to date,
15% have been linked to
injection drug use.
It is critical to prevent
the further spread
of HIV among this
high risk group.***

The Epidemic. For a long time we have thought that AIDS was someone else's problem. But we must face the fact that it threatens all of us. Anyone can be infected.

AIDS is caused by the Human Immunodeficiency Virus (HIV), which is transmitted by the exchange of bodily fluids in the following ways: sexual contact, mother-infant contact, sharing injection drug needles,

sharing injection drug needles, and by blood transfusion (though this is less common since 1985).

The disease first appeared among gay men and was mislabeled as a "gay disease." Education has been successful in teaching this group to change risky behavior, and their rate of transmission has declined. However, in major U.S. cities the virus is spreading rapidly among heterosexual injection drug users.

Of the cases of AIDS in Hawai'i to date, 15% have been linked to injection drug use. It is critical to prevent further spread of the HIV virus among this high-risk group. With the help of the National Institute on Drug Abuse, a team of outreach workers have been trained and mobilized to take action.

Outreach. Because of the complex problems associated with drug addiction, this population presents the greatest challenge in stemming the AIDS epidemic. Not only is the needle user at risk, but his or her sexual partner and any children that they might have are likely to be exposed as well.

Injection drug users are very difficult to reach. Community outreach methods have emerged from programs experienced in working with substance abusers. Community Health Outreach Workers (CHOWs), familiar with the drug-using subcultures, meet the addicts where they live and congregate and communicate with them on their own terms.

CHOWs assist addicts to get into treatment and refer them to other needed health and social services. The CHOW Project teaches injection drug users how to disinfect their "works" with common household bleach and how to practice safe sex. We also distribute small bottles of bleach and condoms, free.

Research. The CHOW Project is participating in a national research effort to accurately track the epidemic and gauge the effectiveness of our local outreach work in preventing its spread here.

Drug users and sexual partners of drug users will be encouraged to participate in interviews, HIV antibody testing, and pre- and post-test counseling. It is hoped that this experience will provide them additional encouragement to make positive changes in their lives. All test results will be confidential.

The CHOW Project, under the Hawai'i State Department of Health, is one of 63 programs funded by the National Institute on Drug Abuse. This is one of the largest public health outreach efforts in the history of our nation.

Project Summary. CHOW project started in 1989

- Objective: Stop the spread of HIV among IV drug users without being judgmental
- Began as a research project and is now funded by the Department of Health
- Centers are located on four of the islands
 - Oahu - 4 community health outreach workers
 - Hawai'i - 2 community health outreach workers



- Maui - 2 community health outreach workers
- Kauai - 1 community health outreach worker
- Concentrate on IV drug users and their sexual partners
 - Go to where the drug users gather (outreach)
 - Provide bleach and teach them how to clean their rigs
 - Needle exchange (Hawai'i has one of the few in the programs in the nation)
now in Waikiki. We will add needle exchange sites in
Kalihi, Wai'anāe, Kona and Hilo.
 - Supply condoms
- Refer users to other programs and services
 - Various social services
 - Various treatment program (if desired)



SESSION 3: Programs for Women and Children

Presenters: Ellen LeBow, Hawai'i
Darlyne Egan, Hawai'i
Roni Sellman, Hawai'i
Alice Babin, Hawaii

A. **Ellen LeBow** - *Kalihi-Palama Health Care for the Homeless Project*

Kalihi-Palama Health Clinic - Health Care for the Homeless Project

Background. Kalihi-Palama Health Clinic's (KPHC) Health Care for the Homeless Project (HCHP) opened its first Outreach Clinic for the homeless in early 1988 at the Institute for Human Services (IHS), a shelter for homeless persons in downtown Honolulu. In February 1990, KPHC opened its second Outreach Clinic at the River of Life Mission (ROLM) in neighboring Chinatown.

The objectives of the Outreach Clinics are to provide 24-hour access to physical and mental health care; first aid; screening and triage; HIV/substance abuse case management; social services; and, follow-up and tracking of homeless individuals in downtown Honolulu, including Chinatown, Aala Park, and the Iwilei area. Services at the Outreach Clinics are supplemented with specialty services at the KPHC Main Clinic site.

*"The Outreach Clinics serve the greatest volume
of homeless in the state of Hawaii.
In 1991, the clinics serviced 1901 individuals
for a total of 16,389 encounters."*

The Outreach Clinics serve the greatest volume of homeless persons in the State of Hawai'i. In 1991, the clinics serviced 1,901 individuals for a total of 16,389 encounters.

IHS, the only unrestricted shelter for the homeless in Honolulu, is a natural focal point for the Clinic's delivery of medical, mental health, and social services to homeless and other indigent persons. IHS provides nightly shelter for 300 persons and serves 4,600 meals weekly. In the course of a year, an estimated 75% of Oahu's urban homeless population voluntarily use the shelter's services at least once.

The second Outreach Clinic at ROLM is in an area where many street people, prostitutes, drug addicts, alcoholics, and severely disabled mentally ill congregate in the evenings. ROLM is a storefront drop-in center for this diverse population where hot showers, clean clothes, and free evening meals are available.

Plans are currently underway for the opening, in late 1992, of an IHS shelter which will house 150 homeless women and children. HCHP will have its third Outreach Clinic there, pending the availability of funds.

The Kalihi-Palama Health Clinic provides:

- Services at the Outreach Clinics for the Homeless
- Medical Service
- Mental Health Services
- Social Services
- HIV/Substance Abuse Case Management Services

A full-time HIV/substance abuse case manager was hired in September 1991 to work with homeless individuals who are substance abusers, and/or living with, or at risk of contracting, HIV infection and other sexually transmitted diseases.

The HIV/substance abuse case manager conducts a needs assessment; develops service plans; monitors service delivery; and assists in accessing available resources in the community. The position also administers a sterile needle exchange program. Between November 1991 and February 1992, case management services were provided by direct contact to 100 individuals.

- Communications/Data Systems
- Supplementary Services and Linkages

Two HIV programs which the outreach clinics have been actively cooperating with are, the State Department of Health's Community Health Outreach Worker (CHOW) Project, and a private, non-profit organization called the Life Foundation. Both projects reach out to intravenous drug users and their sexual partners to provide HIV education and sterile needle exchanges.

The State Crisis Response Systems Program (CRSP) is available for crisis intervention and short-term placement of clients who need closer medication monitoring. Procedures established with hospital psychiatric units facilitate follow-up of clients discharged to IHS.

Coordination of services between the State's community health centers and KPHC's outreach clinics is provided by a Department of Health social worker who meets regularly with the clinics' staff at weekly case management meetings and in frequent informal conferences.

KPHC is also involved with many other community agencies and coalitions with similar or complementary interests such as the local public and private hospitals; Healthy Start; Interagency Council for Immigrant and Refugee Services; Parents and Children Together; PREVENT Child Abuse; AIDS Community Care Team; Hawai'i Coalition for the Homeless; HIV Coalition for Women, Children and Families; and the Mental Health Coalition.

Summary of HCHP:

- Wide range of health services for anyone who is homeless
- Program started in 1988 and is a satellite program of the Kalihi-Palama Health Clinic
- Only eligibility requirement is homelessness
- Two clinics for the homeless.
 - Morning clinic at IHS (Institute of Human Services) Homeless Shelter
 - Late afternoon clinic at River of Life Mission
- Free (will take Medicaid number if they have Medicaid)
 - Treat respiratory and ear infections, foot problems, etc. at early stages to prevent escalation to hospitalization
- Can refer more serious problems to the main clinic (Kalihi-Palama Health Clinic)
- Multicultural staff (Nine languages and ethnic groups)
- Needle exchange in the morning
- Case management of HIV positive or high risk substance users in the afternoon
- Resource person provides outreach to A'ala Park and Chinatown area to meet and talk to substance users (male and female)
- Coordinates with other agencies to maximize the few available resources
 - Only six beds are available for HIV positive women who want substance abuse residential treatment
 - Residential housing for women who are HIV positive or substance users is almost non-existent
 - Baby-sitting is needed for women going to HIV and AIDS clinics

B. Darlyne Egan - Sexcess Program, Life Foundation

Program Summary. The Life Foundation (The AIDS Foundation of Hawai'i on O'ahu) is a non-profit organization founded in 1983 to provide effective HIV/AIDS education to the community and support services for people affected by HIV.

The mission of the Life Foundation is:

"to stop the spread of HIV infection and AIDS, to maximize the quality of life for those affected by HIV infection, and to raise public awareness and understanding of HIV and AIDS related issues."



Objectives are to give women:

- HIV information
- Sex negotiation skills
- Self-esteem building skills
- Assertiveness training

Target populations:

- Asian and Pacific Island women
- Single parents
- Low income women
- Women who engage in high-risk behavior
- Women who perceive themselves to be at high risk for infection

The Life Foundation trains facilitators from different agencies to:

- adapt materials for their culture and clients
- make effective presentations
- look for future facilitators among their clients and in their communities

Current program has four phases:

Phase 1 Brainstorming - women from different agencies are invited to brainstorm how to develop a workshop

Phase 2 Workshop - attended by women who are invited and women who participated in Phase 1 brainstorming process

Phase 3 Education - women return to their agencies and train their staff and provide training/education) formal and informal) for their clients

Phase 4 Evaluation - quarterly meeting of all who participated in any of the previous phases

C. Roni Sellman - *Baby S.A.F.E., Hawai'i*

The Maternal Child Health Branch (MCHB) of the Department of Health offers a comprehensive approach to the problems and issues surrounding the effects of perinatal addiction. The program promotes community-based treatment with case management services emphasizing both prevention and intervention through: prenatal care; home visits; child care; transportation; and infant developmental assessment as well as networking with private and public hospitals and clinics encompassing both prevention and intervention.

Included in the prevention component has been the development of a Hawai'i State Council on Chemical Dependency and Pregnancy; six

supporting committees to address specific issues (i.e., legal affairs committee; public awareness; professional education; evaluation; executive committee; program development). Additional activity included in the prevention component has been the completion of the statewide multi-media campaign.

The intervention component will cover aggressive community-based outreach in five target areas in the state of Hawai'i. These geographic areas include: Wai'anae Coast on the island of O'ahu, Kona and Hilo on the neighbor island of Hawai'i, and the neighbor islands of Maui and Kaua'i. The intervention component will concentrate on providing prenatal intervention, comprehensive medical and substance abuse treatment care, and linkage to other social support systems to an estimated 210 women and their infants. This component will be complemented by coordinated statewide interagency training to assure meeting the specific needs of the Native Hawaiian and other island women.

The community outreach component builds on known grassroots networks, e.g., frequent home visits, former clients and previous substance users/abusers; partnership with Healthy Start (an established statewide system of early intervention); and an existing para-professional home-visitor programs for high risk families (part of the state's P.L. 99-457).

The principal change in the third year of funding is the addition of a neighbor island treatment/intervention site on the island of Kaua'i. Greater emphasis will be placed during the third year on: (1) training for healthcare professionals (October statewide conference); (2) staff development; (3) community outreach efforts to engage women to enter treatment programs; and (4) continued implementation of data collection (including patient tracking) and evaluation system.

Summary:

Baby SAFE (Substance Abuse Free Environment) serves:

- Substance using pregnant woman
- Substance using mother
- Infant
- Nuclear/extended family

Plight of pregnant women trying to seek help for drug dependency:

- Doctors often do not have the training to provide treatment
- Public often sees punishment as an answer
- Insurance often does not cover treatment
- Legislators often are uneducated on key issues

D. Alice Babin - *AIDS Clinical Trials Unit*

Hawai'i ACTU (Hawai'i AIDS Clinical Trials Unit) is a federally-funded research program set up to:

- establish research-specific clinics in Hawai'i for HIV clinical trials;
- provide equal access into university-based clinical trials for all people, including children, with HIV infection;
- evaluate new drugs for HIV infection and its related diseases; and
- provide information to the public about clinical trials.

Participants:

- gain access to new treatments and help others by contributing to medical research;
- help determine if new drugs are safe and effective and gain access to experimental drugs without travel to the mainland;
- help to determine if drugs act the same in different groups of people;
- become part of a team with a research staff that is sensitive to the cultural or/and ethnic diversity of Hawai'i;
- receive access to the latest treatments and free prescriptions and medical care through clinical studies.

Clinical trials are necessary for FDA drug approval

Our special interest is to reach those under-represented in previous studies:

- women,
- children,
- ethnic minorities, and
- substance users.

One of the trials is to test the comparative effectiveness of single and combination antiretroviral (AZT, DDC, and DDI) therapies.

Other trials are available for various opportunistic infections.

The Hawai'i ACTU operates out of The Queen's Medical Center and Kapi'olani Women's and Children's Medical Center. Call (808) 737-2751 for information on available treatment.



SESSION 4: Travelers : Immigrants, Tourists Laborers, Military, Fishermen, etc.

Presenters: Cathy Taito, American Samoa
Megumi Baba, Hawai'i
Cathy English, Hawai'i

A. Cathy Taito - AIDS Health Educator, Public Health Division, American Samoa

The American Samoa Government HIV/AIDS Program is located at the LBJ Medical Center in Faga'alu, in the Public Health Wing of the Department of Health. The HIV/AIDS Program provides free, anonymous antibody testing; pre- and post-test counseling; and distributes "free" condoms. The Program arranges outreach educational programs in the community and various government agencies. The STD clinic is closely linked with the HIV/AIDS program in contacting individuals and those who are at "high-risk". Awareness and prevention activities include one-on-one counseling in the local nightclubs on weekends. These activities are well received by local bar owners and their regular customers.

Clinic hours are from Monday to Friday 7:30 a.m. - 4:30 p.m. Hotline number: 633-AIDS or 633-4071.

Focus: AIDS education for fishermen.

- Language problem (Chinese, Japanese, Yugoslav, etc.)
- Talks to boat owners, agents, and captains on how to reach fishermen
- Use of video in the languages of the fishermen
- Use of interpreters

Focus: Educate local girls to be careful

- Ships go to many ports
- Many local girls go to nightclubs
- Increased number of STDs
- Alcohol use leads to mistakes

Focus: Schools program

- AIDS education is in the curriculum

(Comments from another conference participant from FSM confirmed that travelers are a major risk group in FSM as there are many Japanese tourists, Filipino workers, and traveling nationals. The FSM government is not informed about the HIV status of Micronesians in the U.S. military.)



- B. **Megumi Baba** - *HIV Educator, STD/AIDS Japanese Outreach Program, Waikiki Health Center*

**STD/AIDS Japanese Outreach Program
Waikiki Health Center**

"...Japanese females comprise about 32% of the reported number of HIV seropositives in Japan, a much higher rate than in Europe or the United States."

- According to the Yomiuri Newspaper, over 1 million Japanese went overseas in 1990. The Department of Development & Tourism reported that the State of Hawai'i received 1,439,710 Japanese visitors in 1990.
- Each year, more than 600 Japanese students come to study at the University of Hawai'i. Approximately 90% of those are in the sexually active (18-29) age bracket and 70% are females.
- According to the Japanese Ministry for Welfare and Health, Japanese females comprise about 32% of the reported number of HIV seropositives in Japan, a much higher rate than in Europe or the United States.
- Half of the Japanese women infected with HIV are in their twenties.
- 70.8% of males with HIV were infected outside Japan and it is thought that they were infected through sexual contacts with prostitutes in South-east Asia.
- 62% of all HIV-positive Japanese females were infected within Japan.

STD/AIDS Japanese Outreach Program policies:

- a) The program will provide medical and educational services for Japanese-speaking people, as was previously only available to English speakers.
- b) The program offers not only STD and AIDS education, but also provides family planning services and information on sexual issues.

- c) The program also provides Japanese interpreters for clients who need assistance in making appointments, or help in accessing other agencies.

STD/AIDS Japanese Outreach Program activities:

1. The Japanese Language STD/AIDS & Family Planning Hotline on O'ahu will commence in the summer of 1992. The hotline provides information and referrals in the Japanese language regarding family planning and sexually transmitted disease, including HIV, the virus that causes AIDS. The telephone number is (808) 922-4951.
2. Testing & Treatment of Sexually Transmitted Diseases (STDs). Low-cost, confidential testing and treatment for STDs is available. If the clients wish, translation services will be available for an appointment at any agency.
3. Family Planning Program. Information and services regarding family planning such as contraception, low-cost pregnancy tests, and information and referral to agencies which provide abortion and abortion counseling are available. These services also include the help of an interpreter.
4. HIV Testing & Counseling. Free and anonymous testing is available for anyone age 14 years and older. Results are back in one week. Free or low cost medical care is available for persons found to be HIV positive. Call for an appointment at 922-4951, in Japanese language. An interpreter is also available for the appointment itself.
5. Outreach Program. This program offers education and prevention information and materials for Japanese visitors and other Japanese-speaking individuals. Outreach locations will be in Waikiki, at the Honolulu airport, in every major shopping center, and for events and festivals as well.
6. STD, HIV/AIDS, Human Sexuality Presentations. A Health Educator is available to provide presentations in the Japanese language, or in the English language, if it would be more appropriate, on the subjects of STD, AIDS, family planning, and any other sexually related matters for classes, offices, and any other groups. Cross-cultural issues regarding sexual behavior and assertiveness are also addressed. One to two hour presentations are also available at the Waikiki Health Center, if the group numbers 5 or more.

B. Cathy English - HIV Educator, U.S. Army, Schofield Barracks

Program Components:

- Army mandates AIDS education for every soldier every year.
- Everyone with a STD is given one-on-one AIDS education including HIV 101 with focus on protection with condoms. American men expect women to use a contraceptive, so they are not used to using condoms.
- Treatment of HIV positive soldiers is provided by an HIV team at Tripler Army Medical Center. Patients continue to work on the U.S. Army bases as long as they are physically able, then they are given a medical discharge. Dependents also receive treatment.





Pacific Island Areas of Concern, Resources, and Strategies



The Pacific Island participants were grouped geographically to share information, concerns, and ideas. This section presents the highlights of these sessions.

The workshop included two sessions which were participant-driven. Monday afternoon focused on problem areas and barriers to STD/HIV prevention, and successful prevention programs. Wednesday was devoted to developing realistic intervention plans. Each group designed a culturally appropriate HIV prevention presentation or activity. These were presented to the entire workshop on Wednesday afternoon.

The workshop participants were grouped geographically.

GROUPS:

O'ahu (two groups)
Maui and Lana'i
Kaua'i
Hawai'i (Big Island)
Guam and the Northern Marianas
Republic of the Marshall Islands
Federated States of Micronesia and Republic of Belau
American Samoa
Western Samoa, Fiji, New Zealand, and Moloka'i

For the Wednesday session, the two Samoan groups decided to work together and gave a joint presentation.





Areas of Concern



Many areas of concern (problems, barriers, etc.) relevant to STD/HIV prevention which were viewed as extremely important, recurred throughout the workshop. These areas of concern need to be viewed as being inter-related and interconnected. A holistic view is needed so that one or two of the problem areas do not dominate.

Many of the areas of concern, especially cultural and traditional concerns, have positive aspects. Problems and barriers can become the basis of a strategy and be turned into an opportunity or entry point for change.

I. Cultural

- A. Impact of dominant western cultures on the island cultures.
 - Programs are usually designed and run by dominant culture
 - Cultures have different values and behaviors
 - Changes in family and community structures
 - Loss of cultural identity
 - Loss of traditional knowledge and leadership
 - Loss of control over the land and environment

II. Traditional

- A. Status, hierarchy, and caste favor certain individuals and deny access to resources to other individuals.

III. Age and Gender

- A. Seniority is respected before achievement or education
- B. Men and women are separated
- C. Women often lack status, resources, choices, etc.

IV. "Taboo" Words and Subject Matter

- A. Cannot talk about sex in public or in certain settings
- B. Cannot use, or uncomfortable with words such as sex, condom, penis, etc. (include ads in the United States as well as Pacific Island cultures)
- C. Protocol on who can or cannot talk to whom



V. Language/Communication

- A. Translation
 - Words may not exist in a language
 - Translation may be inaccurate or inappropriate
- B. Multilingual communities and countries
 - No single common language
 - Common language but several preferred languages
 - Traveling populations with different languages including military, tourists, and migrant workers
- C. Media gives mixed messages, especially about sexual behaviors

VI. Attitudes

- A. Denial that everyone is vulnerable to AIDS
- B. Prejudice and labeling of certain groups
- C. Shame
- D. Fear of death and dying
- E. About sexuality, 'Sex is bad', so all STDs are 'bad'
- F. Belief that one is invincible (especially among youth)
- G. Discomfort with one's sexuality
- H. Double standard and the roles of men and women
- I. 'Live just for today' attitude

VII. Limited/Insufficient Resources

- A. Lack of funding
- B. Shortage of human resources - not enough and need training
- C. Difficult to get resource allocations to a low prevalence or rural area
- D. Many of the resources are in the same areas and inaccessible to rural areas

VIII. Social Problems

- A. Alcohol
- B. Drug use
- C. Unemployment
- D. Abuse
- E. Break down of families
- F. Both parents working
- G. Rapid rate of change
- H. Cultures in transition



IX. Religious Beliefs

- A. Sex is not discussed or has a negative connotations
- B. Condom use is forbidden by some churches
- C. Belief that disease is God's punishment for bad behavior
- D. Clergy are reluctant to speak out for prevention

X. Government

- A. No clear separation of church and state
- B. Leaders control resources and STD/HIV prevention is a low priority
- C. Leaders fearful or hesitant
- D. Health systems that exclude families
- E. Political "games"

XI. Geographical distances

- A. Many Pacific Islands far from urban resource centers
- B. Resources do not extend to the rural islands





Resources



What's Working

I. Positive Use of Culture

- A. Culturally appropriate and culturally sensitive strategies
- B. Need to know and understand the target culture
- C. Culture specific (Hawaiian, Samoan, etc.) programs for substance users
- D. Use of traditions, ceremonies, legends, songs, dances, etc. as part of health, sex, and AIDS education programs
- E. Separate presentations to different gender and age groups
- F. Use of community and culturally sensitive individuals in intervention programs
- G. Program to renew and rediscover Pacific Island cultures
- H. Positive use of families and elders
- I. Relationships are established in order to make programs more effective
- J. Use cultural values, behaviors, and ceremonies in treatment programs for substance users

II. Culturally appropriate use of language

- A. Use of multilingual individuals to translate and interpret
- B. Use of an indirect style of speaking favored by some cultures
- C. Use code words, e.g., 'Rambo' for condom
- D. 'Talk story' as a communication style
- E. Use of radio to talk about subjects that wouldn't be discussed at home or in groups
- F. Use of a culturally acceptable 'path' to speak about the unspeakable (e.g., apologizing ahead of time and then requesting permission to use certain words)
- G. Use of embassy staff to translate for and work with their nationals
- H. Use humor and joking

III. Changing Attitudes

- A. Speakers bureaus of persons with AIDS and care givers to focus on the reality of AIDS
- B. Outreach - meeting people where they live and work rather than at agency locations
- C. Use of non-judgmental individuals
- D. Make messages positive by tying them to life and living



- E. Education - health, sex, and AIDS
- F. Schools - part of the curriculum
- G. Workshops
- H. Pamphlets
- I. Effective use of media (radio, TV, videos, newspapers)
- J. Use of support groups
- K. Model appropriate behaviors - hug, touch, etc.
- L. Use of peers

IV. Maximizing Limited Resources

- A. Use existing organizations (women, youth, church, cultural)
- B. Channel some money into home care
- C. Peer training
- D. Develop HIV/AIDS focused non-profits and non-government organizations (NGOs)
- E. Train and use volunteers
- F. Network and coordinate among agencies
- G. Use of holistic approach
- H. Reinforce, support, and utilize families

V. Positive Use of Churches, Government, and the Community

- A. Train and utilize minister's wives, youth groups, etc.
- B. Invite church and government leaders to workshops
- C. Train and utilize church, government, and community leaders
- D. Educate government leaders on the impact of AIDS on their country
- E. Lobby before and during hearings
- F. Identify church, political, and community leaders who can open doors
- G. Healing services available at some churches
- H. Provide HIV counseling in prenatal and STD clinics





Strategies



The Art of Walking on Water is to Find the Stepping Stones **Strategies and Proposed Interventions**

As the group developed HIV prevention strategies and interventions that would be appropriate and effective in their cultures and communities, the participants identified their island's "*stepping stones*", which included:



Each of the geographical groups presented the intervention they designed and developed to the entire workshop on Wednesday afternoon. A recurring theme was the inclusion of all the participants in some activities. This reflects the 'Pacific way' of actively reaching out to the community and involving them in community actions and events.



Group Presentations:

I. Maui and Lana`i

The Maui and Lana`i group presented a skit about a woman and her lover. The skit delivered specific information about available social services on Maui and Lana`i.

Man's description of the relationship
"I was drunk and she was willing"
Focus of the skit is on the results of their relationship
Woman is pregnant and has a new lover
Man discovers he is HIV POSITIVE and tells the woman
'Da Connection' character introduces them to various Maui and Lanai agencies which can help them
Agencies each describe their services and how they can help
 Network of services
 Non-judgmental
 Positive
 Supportive

II. O`ahu, Group 1

Oahu group #1 presented a skit based on the *Kumulipo*, the Hawaiian creation chant. The Chant was presented in Hawaiian and then in English.

KUMULIPO

CHANT OF CREATION - KALAKAUA FAMILY

*'O Ke Au I Kahuli Wela Ka Honua
'O Ke Au I Kahuli Lole Ka Lani
'O Ke Au I Kuka'iaka Ka La
'E Ho'omalamalama I Ka Malama
'O Ke Au O Makali'i Ka Po*

*'O Ka Walewale Ho'okumu Honua Ia
'O Ke Kumu O Ka Lipo, I Lipo Ai
'O Ke Kumu O Ka Po, I Po Ai
'O Ka Lipolipo, 'O Ka Lipolipo
'O Ka Lipo O Ka La, 'O Ka Lipo O Ka Po
 *Po Wale Ho'i**

*Hanau Ka Po
Hanau Kumulipo I Ka Po, He Kane
Hanau Po'ele I Ka Po, He Wahine*



Translation:

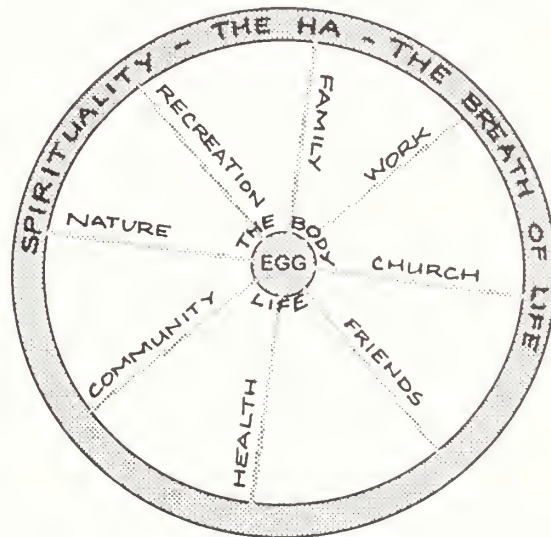
At the time when the earth became hot
At the time when the heavens turned about
At the time when the sun was darkened
To cause the moon to shine
The rise of the Pleiades
The slime

This was the source of the earth
And from the source was formed darkness
And from the source was formed night
Darkness of day, darkness of night
Night alone

Night alone did give birth
Born in the night was Kumulipo, a male
Born in the night was Po'ele, a female

The presenters formed a circle, symbolic of a wheel and its related parts. The circle or wheel represented what is or should be within all people, as believed by the Hawaiian. Spiritually, the *Ha*, or Breath of Life, is the 'thread' that runs through everything in life for the Hawaiian and is the base for all of life.

*" Spiritually, the Ha,
or breath of life,
is the "thread"
(outer wheel rim)
that runs through
everything in life
for the Hawaiian
and is the base
for all of life."*



The skit depicted what can happen when alcohol or substances are introduced and is foreign or not a part of that culture. *Lokahi* (harmony) is disrupted and everything within the person is affected. Alcohol and drugs are not part of the culture of the Hawaiian. There were no words in the Hawaiian language for them. *'Awa* was used for ceremonial and medicinal purposes and those who abused it were punished. Hawaiian tobacco was not smoked but used for medicinal and preservation purposes. When a person is out of *lokahi*, their *'ohana* (family,



extended family) and community are also affected and in disharmony. To address and remove these foreign influences it is essential to work with the spirituality of the person in order to restore *lokahi*.

The presentation ended with the Kumulipo chant put to music.

III. Kaua`i

The Kaua`i groups presentation began with a poem to express how the group felt as they worked on their project.

*HIV, who me?
Could be!
But not me, we'll see!
Practice safer sex
And it doesn't have to be you or me.
Protect if you inject,
Safety is the key!*

Kaua`i's plan incorporated resources presently available on Kaua`i, including:

Na kupuna (elders)
DOE Kupuna Program
Hawai`i Visitors Bureau
A+ (after school) Program
Radio stations
Filipino and other cultural communities
Churches

Group stressed coordination and networking and the need for educational programs to all communities.

IV. Hawai`i

The Hawai`i (Big Island) group presented plans to produce a poster comprised of faces representing the different cultures impacted by AIDS.

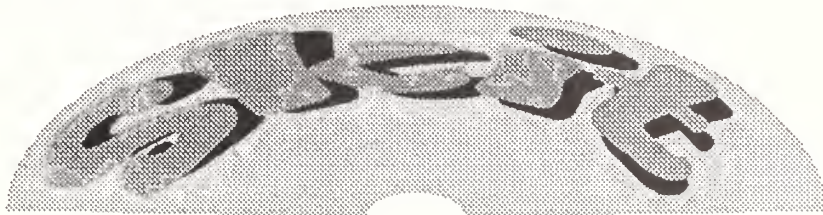
The photographer, printing, and layout are already organized. Follow up activities will include:

1. Identifying funding to support the production of the poster

2. Identifying individuals to be photographed for the poster
3. Meeting with other agencies on island
4. Developing a companion flyer from the poster.

V. Republic of the Marshall Islands

The Marshall Islands group presented a skit in Marshallese and English based on Marshallese culture. The skit focused on a specific culture and its resources. It portrays a brother taking the advice of his sister and, the use of outside experts and resources such as the nurse and the elders.



- Scene I**
- 1: Kaki (daughter - 16 years) and her parents are at their home.
 - 2: Kaki goes to the clinic because she isn't feeling well.
 - 3: Kaki returns to the clinic the next week and finds out that she is pregnant and has syphilis. Kaki runs away.
 - 4: Nurse is concerned because Kaki hasn't returned to the clinic for her checkups. She decides to visit Kaki's parents.
 - 5: Nurse visit Kaki's parents at their home. Kaki's father leaves the room when he hears the word 'clinic'. Nurse tells Kaki's mother about Kaki's pregnancy and sickness and that Kaki hadn't returned to the clinic.
 - 6: Mother tells Kaki's father that Kaki is sick. She asks, "What are we going to do?" Father suggests that his wife talk to his sister.
 - 7: Mother talks to her sister-in-law about their problem and says, "you are the only one who can help us." Sister-in-law says, "what is done, is done." She says she will take Kaki to the clinic and bring her home.
 - 8: Kaki is visited by her aunt who tells her that she knows what has happened and not to worry. She will take her to the clinic and then they'll go to Kaki's home. Kaki feels she can trust her aunt.

Song is sung in Marshallese which means:

*"When you have love, you have cure.
When you have cure, you have life.
Pass the love on to others."*

VI. Guam and the Northern Marianas Group

The Guam and the Northern Marianas group plans to address the attitude of the leaders in their islands. This group wants to create a positive attitude and educate the political community and youth leaders. Their strategy included:

- Focusing on the positive use of culture
- Taking an intergenerational approach
- Developing activities for elders and youth to work together

The group shared the activities which have already commenced on Guam and wanted to extend these activities to other islands. One example was World AIDS Day which incorporated activities involving youth and the elders.

VII. O`ahu, Group 2

Oahu group #2 presented an exercise involving all workshop participants.

Activity

1. Each participant is to write their name and something that is important to them and/or their culture on a piece of paper.
2. Story teller begins the story (variation on the Hawaiian creation chant).
When the Great Spirit created all that is, beautiful islands we call Polynesia were created.
Man and other creatures were created.
Some very small and powerful creatures were created and sometimes death came.
In the mind of God, there was balance and man grew to accept this.
Out of the darkness came a small and powerful creature named HIV and it started moving around the community of mankind (group member labeled HIV walks among the participants).
HIV would come into the community and take someone away.
3. HIV character takes a participant away from their seat.
Paper with what is important to that person or culture is read aloud and then thrown away.
4. Storyteller says that person and what was important to them is now lost forever.
5. Repeat steps 3 and 4 several times
6. Storyteller continues.
The people cried to their *kahunas* for some medicine, but there was no medicine and there was shame as more families lost sons and daughters. (All those taken by HIV are now in the front of the room.)
7. Group members labeled as various diseases (pneumonia, etc.) take the participants moved in steps 3 and 4 to a group member labeled 'death'.

8. Storyteller continues.
The Great Spirit then spoke to the *kahunas* and said that a medicine (AZT) would come that did not cure but would give time.
9. Group member labeled AZT keeps some of the participants away from death.
10. Storyteller concludes.
This story only has resolution in the mind of God, but out of the communities a cure will come sometime in the future. A cure will come because you will write the rest of the story.

VIII. Federated States of Micronesia and the Republic of Palau

Federated States of Micronesia (FSM) and Belau presented their action plan.

Goal - to prevent the spread of AIDS in Micronesia

Problem - people not receiving enough information

Strategy:

- Social mobilization of the communities
- Reach influential groups by the end of 1992
 - Political leaders
 - Religious leaders
 - Non-government organizations (NGOs)
 - Leaders of women's and youth groups
- Use seminars, meetings, workshops, and the media
 - Radio program in Chuukese
 - Poster with an indirect message promoting the use of condoms, such as,

*"When fishing
in
unknown waters,
always
wear a
life jacket."*

- Use song and dance to draw in workshop participants.



IX. Western Samoa and American Samoa Group

Western Samoa and American Samoa formed a coalition and presented plans to have a STD/HIV conference for Samoans. Pago Pago was identified as a potential site for the conference.

Coalition members included:

Catherine Taito - American Samoa, President
Dr. Le Mamea A. Matatumua - Western Samoa
Kari Pulotu-Endemann - New Zealand
Loia Fiaui - Hawai'i
Kawen T. Young - U. S. mainland

The group opened their presentation in the traditional manner.

Dr. Matatumua spoke in Samoan while holding a talking stick. He paid respect to this land and its people and to those who organized the conference. There was a presentation of a *lauhala* mat to Joyce O'Brien, conference chairperson, and shell leis were presented to Sheila Cort and Janet Bender.

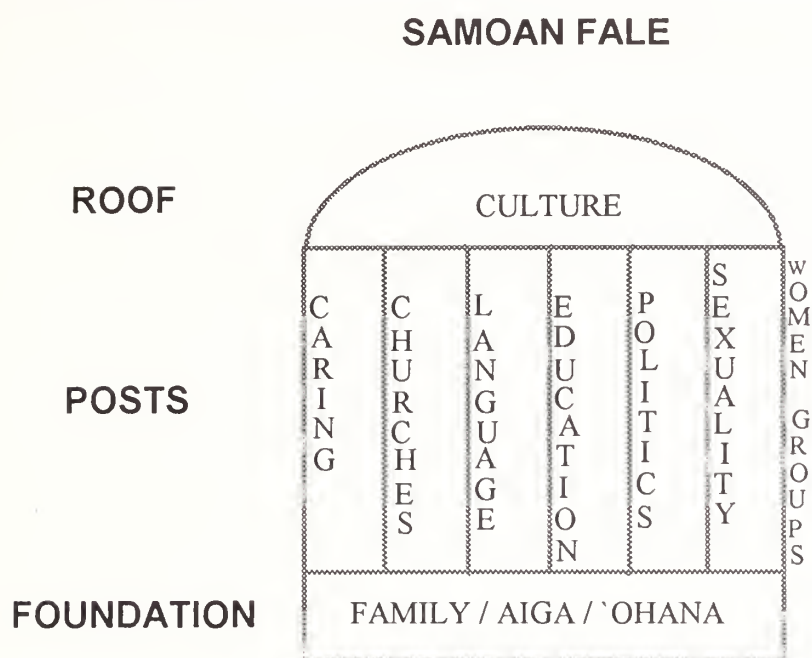
Participants were taught a song written by the Samoan group.

Song verses:

- | | | |
|---------------|--|---|
| 1. | <i>Atu motu o le Pasefika
Tautuana lou Aiga
Soia e te faasinosino lima
Taua ne'i afaina</i> | Islands of the Pacific
Remember your family
You stop pointing finger
Or we may hurt |
| Chorus | <i>Faae te ete ia i le ma'i
Malie ua lava o le tasi
Ua lava o le tasi o lau paaga
E muu ai lou olaga</i> | Be careful of the illness
Please, one is enough
One partner is enough for you
Your life will be long |
| 2. | <i>Le lalolagi e ua vevesi
Au'e o le AIDS ua pepesi
E le'i maua lava o se togafili
Ua paso ai saienitisi</i> | The world is unrest
Alas, the AIDS is spread
A cure is yet to be found
It puzzles scientists |
| 3. | <i>Matua e faalogo
Ae aua e te faasolo nofo
Le faaaua'i ua ave lana avega
Tatou nofo tapenapena</i> | Listen parents
Don't just sit
The disease is taking its toll
Let's be prepared |



A model was presented utilizing the Samoan *fale* (house).



- Roof - culture
- Posts - language, education, church, politics, etc.
- Foundation - family/aiga/ohana

This diagram has been effective in reaching the Samoan community. It shows a connection between family, culture, and many of the areas that appear both as problems and strategies in HIV prevention. The family is the foundation of the Samoan *fale* (home) and culture is the roof. Education, language, churches, etc. are the posts. The foundation and each of these posts must be strong if the house is to remain standing. If the foundation (family) breaks up or the posts fall, everything collapses. All are interconnected.

The presentation ended with a Samoan song and dancing which included other participants and the national anthem, a hymn.

X. Fiji

Background. Fiji's census population is generally divided into three ethnic groups, Fijians, Indians and others. Teenage pregnancy, single mothers, and STDs are 50% more prevalent among Fijians than the other two ethnic groups combined.

Intervention: A workshop to be conducted in Suva, Fiji to address the increasing STD rates and unwanted pregnancies, especially among teens.

Short Term Objectives: To increase appropriate knowledge in related areas of self esteem conception, contraception and STD.

Long Term Objectives:

Prevent STDs/HIV infection

Prevent unwanted pregnancy

Train peer trainers

Target group: 10 - 12 Forms V & VI girls in the Suva area.
volunteers who have their parent's permission

Venue: Clinic sessions to take place at Suva's STD Clinic
For lectures and video sessions - to be arranged
Hospital's ante-natal clinic and Oxfam Family Planning Clinic

Date: 1st choice: August 10-12, 1992
2nd choice: August 18-20, 1992
3rd choice: October 20-22, 1992

Preparation: Gain support of medical department, school principals, teachers, and parents

Plan: Days 1 & 2 - field experience and team-building (STD, family planning, and ante natal clinics, dance/nightclub observing second evening in later workshops)
Day 3 - morning - content
afternoon - discussion





CLOSING



Sheila Cort - Centers for Disease Control

Ms. Cort brought the conference to a close with heartfelt remarks on the events of the past three days. The following are excerpts from Ms. Cort's closing comments.

Over the last three days we've exchanged information and learned about each of our cultures through food, conversation, song and dance. We've talked about HIV and STDs in terms of the world, countries, and in our islands. We've discussed programs serving persons with HIV and AIDS, women and children, substance users, youth and the prison population. We've talked about the issues concerning immigration, and tourism. We've examined existing programs, interventions for special populations, fishermen, people living with hemophilia, and the homeless. We've talked about traditional and non-traditional treatments for HIV and the need to combine the best of both worlds. We were told we must have faith when dealing with traditional treatments. Most importantly, faith is critical to maintain our cultures, our traditions, and our lineage. We've learned that we share the responsibility for our islands. The indigenous hosts are responsible to care for and protect the guests of the islands and maintaining the culture, and guests are responsible for respecting the host and the culture.

The family needs to be the foundation for any prevention approach. Our cultures provide the roof, the shelter, and protection for all interventions. There have always been diseases, but we can work together to take on any disease that comes to us. The final outcome will benefit all of us, not just one special group.

Together we've discussed problems such as apathy, denial, sexual taboos and political ignorance; lack of communication, education, funding, and resources; and, the difficulties of living with HIV and AIDS. We've shared our concerns about maintaining confidentiality and ensuring the cultural integrity in the programs. The best way to combat this disease is with compassionate health care and increased support for persons, families, and friends affected by HIV.

Over these past few days, we made decisions about appropriate prevention strategies and our commitment to take this information home. Our batteries have been charged to continue the fight. If we've learned anything from this Island Style HIV/STD Prevention Conference, we've learned to embrace this disease; to work with the force; to make our world a better, more compassionate place. We've experienced a Spiritual bonding these past few days - we all breathe with one breath. I encourage all of you to continue what we have created here - together we can bring about the changes and activities necessary to fight HIV in our world, our countries, our islands and our families.





PARTICIPANTS



HIV/STD PREVENTION: ISLAND STYLE A WORKSHOP FOR AND WITH PACIFIC ISLAND COMMUNITIES

April 13-15, 1992, Camp Mokule`ia, Hawai`i

Participants are listed by country and island.

AMERICAN SAMOA

Mr. Jeff Chun

Health/P.E./HIV Education Coordinator

Department of Education

American Samoa Government

P.O. Box 3992

Pago Pago, American Samoa 96799-3992 (684) 633-1246

FAX (684) 633-5184

Mr. Leroy Lutu

Program Coordinator

Department of Education

Pago Pago, American Samoa 96799

Mr. Fuatai S. Taimatula

Adolescents Counselor

Department of Human Resources

Pago Pago, American Samoa 96799

(684) 633-2696 or 1408 FAX (684) 633-1139

Ms. Catherine Taito

LBJ Tropical Medical Center

c/o Public Health Division

Fagaalu, American Samoa 96799

(684) 633-4071

FAX (684) 633-5379

Ms. Betty J. Waldowski

Public Health Department

LBJ Tropical Medical Center

Pago Pago, American Samoa 96799

(684) 633-4071

FAX (684) 633-5379

COMMONWEALTH OF THE NORTHERN MARIANAS ISLANDS

Ms. Christina M. Fujinaga

Communicable Disease Specialist

Department of Public Health & Environmental Services

Commonwealth Health Center

P.O. Box 409CK

Saipan, MP 96950

(670) 234-8950/56

FAX (670) 233-0214 or
234-8930



Mr. Lino Olopai, MPH

Chamorro & Carolinian Language Policy Commission

P. O. Box 2801

Saipan, MP 96950

(670) 234-5321

FAX (670) 234-5322

CONTINENTAL UNITED STATES

Ms. Sheila P. Cort

Acting Special Assistant for Minority HIV Policy Coordination

Centers for Disease Control

Office of the Deputy Director

1600 Clifton Road, MS D-2

Atlanta, Georgia 30333

(404) 639-0906

FAX (404) 639-0943

Mr. Ford Kuramoto

Program Director

National Asian Pacific American Families Against

Substance Abuse, Inc. (NAPAFASA)

420 East Third Street, Suite 909

Los Angeles, California 90013

(213) 617-8277

FAX (213) 617-2012

Mr. Jack Stubbs

CDC Project Officer, Division of STD/HIV

National Center for Prevention Services

Centers for Disease Control

1600 Clifton Road, N.E., Mailstop E-27

Atlanta, Georgia 30333

(404) 639-1205

Ms. Kawen T. Young

Staff Assistant

Congressional Delegate Eni F.H. Faleomavaega

413 Cannon HOB

Washington, D.C. 20515

(202) 225-8577

FAX (202) 225-8757

Mr. Renjie Yuan

Program Coordinator

Association of Asian Pacific Community Health Organizations

1212 Broadway, Suite 730

Oakland, California 94611

(510) 272-9538

FAX (510) 272-0817

FEDERATED STATES OF MICRONESIA

Ms. Brocula Abraham

Medical Liaison Coordinator

Federated States of Micronesia

Consulate General's Office

3049 Ualena Street, Suite 408

Honolulu, Hawai'i 96819

(808) 836-4775

FAX (808) 836-6896

Ms. Marumina Soyan

Federated States of Micronesia
Consulate General's Office
3049 Ualena Street, Suite 408
Honolulu, Hawai'i 96819

(808) 836-4775

FAX (808) 836-6896

CHUUK STATE

Ms. Lydia James Aritos

Health Educator
Department of Health Services
P. O. Box 400
Weno, Chuuk State, FSM 96942

(691) 330-2320

FAX (691) 330-2320

Mr. Aniuo Niffang

AIDS Coordinator
Dept of Health Services
Weno, Chuuk State, FSM 96942

(691) 330-2216

FAX (691) 330-2030

Mr. Moiky Stanley

Chuuk State Hospital
P. O. Box 400
Weno, Chuuk State, FSM 96942

(691) 330-2216

FAX (691) 330-2030

KOSRAE STATE

Mr. Arthy Nena

Dept of Health Services
P. O. Box 127
Tofol, Kosrae State, FSM 96944

(691) 370-3006

FAX (691) 370-3162

Ms. Matchuko Talley

STD Program Manager/PH Supervisor
Health Service, Public Health Division
Kosrae State, FSM 96944

(691) 370-3006 or 3200 FAX (691) 370-3162

POHNPEI STATE

Ms. Anamaria M. Akapito

Pacific Basin MO Training Program
P. O. Box 1298
Kolonia, Pohnpei, FSM 96941

(691) 320-2328

FAX (691) 320-2305

Mr. Kidsen Ihop

National STD Coordinator
Department of Human Resources
FSM National Government
P.O. Box 70, PS
Palikir, Pohnpei, FM 96941

(691) 320-2619

FAX (691) 320-5263



Mr. Ben Jesse

Department of Human Resources
P. O. Box 70, PS
Palikir, Pohnpei, FSM 96941

(691) 320-2619

FAX (691) 320-5263

Ms. Ehrine Lopez

Dept of Human Resources
P. O. Box 70 PS
Palikir, Pohnpei, FSM 96941

Mr. Simao Norman, Chief

Dept of Health Service, PH Division
Kolonias, Pohnpei, FSM 96941

(691) 320-2216

FAX (691) 320-5263

YAP STATE

Mr. Thomas Walog

STD/AIDS coordinator, Health Services
P. O. Box 258
Kolonias, Yap 96943

(691) 350-2114

FAX (691) 350-4444

Ms. Donna Wichimai, R.N.

Yap Memorial Hospital
P. O. Box 148
Kolonias, Yap 96943

(691) 350-3446

FAX (691) 350-3444

FIJI

Dr. Ecelina Uluviti

Ministry of Health Fiji
C.W.M. Hospital
Government Building Box 2414
Suva Fiji

GUAM

Mrs. Barbara S. N. Benavente

Supervisor
Dept of Mental Health & Substance Abuse
P. O. Box 9400
Tamuning, Guam 96931

Ms. Arlene Borgonia

Student from Guam
c/o Wai'anae Coast Comprehensive Health Center
86-260 Farrington Hwy.
Wai'anae, Hawai'i 96792

(808) 696-1530

FAX (808) 692-2499



Ms. Sheila Estrada

Student from Guam

c/o Wai'anae Coast Comprehensive Health Center

86-260 Farrington Hwy.

Wai'anae, Hawai'i 96792

(808) 696-1530

FAX (808) 692-2499

Mr. Edward S.N. Gogo

Communicable Disease Control Investigator

Department of Public & Social Services

Bureau of Communicable Disease Control

P.O. Box 2816

Agana, Guam 96910

(671) 734-7135

FAX (671) 734-5910

Ms. Guadalupe (Faye) C. Kaible

Guam Department of Education

P. O. Box DE

Agana, Guam 96910

(671) 477-2437

FAX (671) 477-3772

Mr. Richard G. Punzalan

President

ARROW, Inc.

P. O. Box 5151, U.O.G. Station

Mangilao, Guam 96923-5151

(671) 734-7168

FAX (671) 734-5910

STATE OF HAWAII

KAUA'I

Ms. Annie Burkle

Certified Nursing Assistant

Medical Personnel Pool of Hawai'i

4290 Rice Street

Lihu'u, Hawai'i 96766

(808) 245-6847

Ms. Danelle Coakley

Community Outreach Worker

Native Hawaiian Health Care Services

of Kaua'i & Ni'ihau - Ho'ola Lahui Hawai'i

P.O. Box 742

Waimea, Hawai'i 96796

(808) 338-0031

Ms. Donna Kovarik

Outreach Worker

The C.H.O.W. Project - Kau'ai

715 South King Street, #420

Honolulu, Hawai'i 96813

(808) 823-3045 (pager)

Ms. Petra Lopez

Outreach/Volunteer Coordinator

Malama Pono - Kaua'i AIDS Project

P.O. Box 1500

Kapa'a, Hawai'i 96746

(808) 822-0878

FAX (808) 822-0664

Mr. Jose Lucero

Volunteer

Malama Pono - Kaua'i AIDS Project

P. O. Box 1500

Kapa'a, Hawai'i 96746

(808) 822-0878

FAX (808) 822-0664

O'AHU

Ms. Carol Animizu

Ke Ola Mamo

1374 Nu'uano Avenue, Suite 200

Honolulu, Hawai'i

(808)599-5200

FAX (808) 523-9983

Ms. Ruth Antone

AIDS Education Project

1319 Punahou Street, #625

Honolulu, Hawai'i 96826

(808) 941-6322

FAX (808) 942-5725

Ms. Janet Bender

Planner

Governor's Pacific Health Promotion
and Development Center

226 North Kuakini Street, Room 223

Honolulu, Hawai'i 96817

(808) 544-3385

FAX (808) 544-3335

Ms. Jayne Bopp

STD/AIDS Program Coordinator

Waikiki Health Center

277 Ohua Avenue

Honolulu, Hawai'i 96815

(808) 922-4787

Ms. Timena Brown

Fetu Ao

1117 Kaili Street

Honolulu, Hawai'i 96819

Mr. Rick Bunney, M.S.W.

Program Specialist

Adult Friends for Youth

2119 North King Street, Suite 303

Honolulu, Hawai'i 96819

(808) 848-1411

FAX (808) 848-6873

Mr. Robert Callery

HIV Prevention Program Director

Salvation Army - Addiction Treatment Services

3624 Waokanaka Street

Honolulu, Hawai'i 96817

(808) 595-6371

Mr. Kelvin Ching

Community Health Outreach Worker

The C.H.O.W. Project

1952 Iwi Way

Honolulu, Hawai'i 96816

(808) 528-3619



Ms. Susan Cole Director, Peer Education Program SHSB/Department of Health 714-A Sunset Avenue Honolulu, Hawai'i 96816	(808) 733-9032	FAX (808) 733-9032
Ms. Charlotte Cordeiro CHW Student c/o Wai'anae Coast Comprehensive Health Center 86-260 Farrington Hwy. Wai'anae, Hawai'i 96792	(808) 696-1530	FAX (808) 692-2499
Mr. Sean Duque HIV Advocate P.O. Box 15097 Honolulu, Hawai'i 96830-5097	(808) 955-7215	FAX (808) 955-9323 (23)
Ms. Darlene Egan Education Coordinator Life Foundation P.O. Box 88980 Honolulu, Hawai'i 96830	(808) 971-2437	FAX (808) 971-2430
Mr. Loia Fiaui Health Educator State of Hawai'i Department of Health STD/AIDS Prevention Branch 3627 Kilauea Avenue, Suite 306 Honolulu, Hawai'i 96816	(808) 735-5303	FAX (808) 733-9015
Ms. June Foster Fetu Ao 1117 Kaiki Street Honolulu, Hawai'i 96819		
Ms. Maryann Freudenberg Site Coordinator/Case Consultant Ke Ola Mamo 1374 Nuuanu Avenue, Suite 200 Honolulu, Hawai'i 96817	(808) 599-5200	FAX (808) 523-9983
Ms. Charlene Furuto Professor of Social Work Brigham Young University - Hawai'i Campus Laie, Hawai'i 96762	(808) 293-3838	
Ms. Nancy Heck Queen Liliuokalani Children's Center 880 Kamehameha Highway Pearl City, Hawai'i 96782	(808) 456-4584	FAX (808) 961-4794



Ms. Darlene Hein

Drug Addiction Services of Hawai'i
1031 Auahi Street
Honolulu, Hawai'i 96814

(808) 523-0704

FAX (808) 531-8304

Mr. Darrel Higa

Case Management Coordinator
Life Foundation
P.O. Box 88980
Honolulu, Hawai'i 96830-8980

(808) 971-2437

FAX (808) 971-2430

Mr. W. John Howe

Program Director
Kalihi-Palama Immigrant Services Center
720 North King Street
Honolulu, Hawai'i 96817

(808) 845-3918

FAX (808) 842-1962

Mr. Jesse Jackson

Outreach Supervisor
The CHOW Project (Community Health Outreach Worker)
715 South King Street
Honolulu, Hawai'i 96813

(808) 528-3619

FAX (808) 528-3947

Ms. Sandra Jamieson

Health Services Manager
Physician's Assistant - Certified
Hawai'i Job Corps Center
7600 Koko Head Park Road
Honolulu, Hawai'i 96825

(808) 396-1242

FAX (808) 396-9471

Ms. Tasha Jose

Kokua Kalihi Valley Health Center
1846 Gulick Avenue
Honolulu, HI 96819

(808) 848-0976

FAX (808) 848-0979

Mr. Wendell Kahaleo'umi

CHW Student
c/o Wai'anae Coast Comprehensive Health Center
86-260 Farrington Hwy.
Wai'anae, Hawai'i 96792

(808) 696-1530

FAX (808) 692-2499

Ms. Lana Kaopua

Instructor
AIDS Education Project
1319 Punahou Street, #625
Honolulu, Hawai'i 96826

(808) 941-6322

FAX (808) 942-5725

Mr. Issac Ki'ilehua

Community Liaison
Alu Like/Office of Hawaiian Health
569 Kapaia Street
Honolulu, Hawai'i 96825

(808) 586-4530 Ext. 31

Ms. Denise Lapilio-Ferreira

CHW Student

c/o Wai'anae Coast Comprehensive Health Center

86-260 Farrington Hwy.

Wai'anae, Hawai'i 96792

(808) 696-1530

FAX (808) 692-2499

Ms. Ellen Lebow

Kalihi Palama Health Care for Homeless Project

766 North King Street

Honolulu, Hawai'i 96817

(808) 531-6322

FAX (808) 841-1265

Ms. Stephanie Liu

Community Health Educator

Kalihi Palama Health Clinic

766 North King Street

Honolulu, Hawai'i 96817

Ms. Darlene Maldonado

CHW Student

c/o Wai'anae Coast Comprehensive Health Center

86-260 Farrington Hwy.

Wai'anae, Hawai'i 96792

(808) 696-1530

FAX (808) 692-2499

Ms. Amy Massengill

CHW Student

c/o Wai'anae Coast Comprehensive Health Center

86-260 Farrington Hwy.

Wai'anae, Hawai'i 96792

(808) 696-1530

FAX (808) 692-2499

Ms. Nina McCoy

Steering Committee, Vice Chair

Healthy Mothers, Healthy Babies Coalition of Hawai'i

1413 South King Street, Suite 209

Honolulu, Hawai'i 96814

(808) 951-5805

FAX (808) 941-4102

Ms. Candace Napuelua

Outreach Counselor

Central Oahu Youth Services, Association, Inc.

66-528 Haleiwa Road

Haleiwa, Hawai'i 96712

(808) 621-0485

FAX (808) 621-2666

Ms. Gloria Neuman

AIDS Education Project

1319 Punahou Street, #625

Honolulu, Hawai'i 96826

(808) 941-6322

FAX (808) 942-5725

Ms. Joyce O'Brien

Assistant Administrator

Wai'anae Coast Comprehensive Health Center

86-260 Farrington Hwy.

Wai'anae, Hawai'i 96792

(808) 696-1530

FAX (808) 692-2499

Ms. Helen O'Connor

CHW Student

c/o Wai'anae Coast Comprehensive Health Center

86-260 Farrington Hwy.

Wai'anae, Hawai'i 96792

(808) 696-1530

FAX (808) 692-2499

Mr. Kalani Ohelo

Community Reseracher

Substance Abuse System Development

Alu Like, Inc.

1427 Dillingham Avenue, #300

Honolulu, Hawai'i 96817

(808) 847-7099

FAX (808) 841-4644

Mr. Gerald Ohta

Affirmative Action Office

State of Hawai'i Department of Health

P.O. Box 3378

Honolulu, Hawai'i 96801-9984

(808) 586-4616

FAX (808) 586-4444

Mr. Roy Ohye

State Department of Health

STD/AIDS Prevention Branch

3627 Kilauea Avenue, Suite 305

Honolulu, Hawai'i 96816

(808) 735-5303

FAX (808) 733-9015

Ms. Melaia Patu

Kokua Kalihi Valley Health Center

1846 Gulick Avenue

Honolulu, Hawai'i 96817

(808) 848-0976

Ms. Kristi Phillips

Kalihi-Palama Immigrant Services Center

720 North King Street

Honolulu, Hawai'i 96817

(808) 845-3918

FAX (808) 842-1962

Ms. Nalani Olds Reinhardt

Alu Like/Hawai'i Addiction Center

142 Dillingham Blvd

Honolulu, Hawai'i 96817

(808) 848-8255

Mr. Tyrone Reinhardt

Alu Like Inc.

142 Dillingham Blvd.

Honolulu, Hawai'i 96817

(808) 84808255

Deacon Ritterbush

Kalihi-Palama Immigrant Services Center

720 North King Street

Honolulu, Hawai'i 96817

(808) 845-3918

FAX (808) 842-1962

Ms. Cathy Rodriques

Life Foundation

P.O. Box 88980

Honolulu, HI 96830-8980

(808) 971-2437

FAX (808) 848-0979



Ms. Jeannie Salvador Instructor, CHW Program c/o Wai'anāe Coast Comprehensive Health Center 86-260 Farrington Hwy. Wai'anāe, Hawai'i 96792	(808) 696-1530	FAX (808) 692-2499
Ms. Milovale Saole Bi-Lingual Case Manager Kalihi-Palama Immigrant Service Center 720 North King Street Honolulu, Hawai'i 96817	(808) 845-3918	
Ms. Merina Sapolu Health Educator Kokua Kalihi Valley Health Center 1846 Gulick Avenue Honolulu, HI 96819	(808) 848-0976	FAX (808) 848-0979
Ms. Kolone Scanlan Outreach Worker CHOW Project 3480 Kilauea Ave. #3 Honolulu, Hawai'i 96816	(808) 528-3619	FAX (808) 528-3947
Ms. Linda Schornstein RN Patient Care Coordinator Hemophilia Foundation of Hawai'i 1100 Ward Avenue, Suite 1010 Honolulu, Hawaii 96814	(808) 521-5483	FAX (808) 528-7430
Ms. Jane Schroeder State Department of Education AIDS Education Project 189 Lunalilo Home Road Honolulu, Hawai'i 96825	(808) 396-2557	FAX (808) 548-5390
Ms. Roni Sellman Director Baby S.A.F.E. Hawai'i 1600 Kapi'olani Blvd., Suite 600 Honolulu, Hawai'i 96814	(808) 946-4771	FAX (808) 942-2160
Ms. Marie Silva Kokua Kalihi Valley Health Center 1846 Gulick Avenue Honolulu, HI 96819	(808) 848-0976	FAX (808) 848-0979
Ms. Marumina Soyan 3049 Ualena Street, Suite 408 Honolulu, Hawai'i 96819	(808) 836-4775	



Ms. Jacqueline Tevaga
Hawai'i Family Stress Center
P.O. Box 786
Hau'ula, Hawai'i 96717 (808) 732-0000

Mr. Robin Thames
Life Foundation
P.O. Box 88980
Honolulu, Hawai'i 96830 (808) 971-2437 FAX (808) 971-2430

Ms. Jo Ann Tsark
Executive Director
Governor's Pacific Health Promotion &
Development Center
226 North Kuakini Street, Room 223
Honolulu, Hawai'i 96817 (808) 544-3385 FAX (808) 544-3335

Ms. Marcia Tsue
AIDS Education Project
University of Hawai'i, Department of Psychiatry
1319 Punahou Street, Room 625
Honolulu, Hawai'i 96826 (808) 941-6322 FAX (808) 942-5725

Mr. Victor Voth
Instructor, CHW Program
c/o Wai'anae Coast Comprehensive Health Center
86-260 Farrington Hwy.
Wai'anae, Hawai'i 96792 (808) 696-1530 FAX (808) 692-2499

Ms. Anita Waiau
Health Educator
Wai'anae Coast Comprehensive Health Center
86-260 Farrington Hwy.
Wai'anae, Hawai'i 96792 (808) 696-1530 FAX (808) 696-2499

Mr. Jory Watland
Kokua Kalihi Valley Health Center
1846 Gulick Avenue
Honolulu, HI 96819 (808) 848-0976 FAX (808) 848-0979

Ms. Michelle Weaver
CHW Program
c/o Wai'anae Coast Comprehensive Health Center
86-260 Farrington Hwy.
Wai'anae, Hawai'i 96792 (808) 696-1530 FAX (808) 692-2499

Mr. Jesse Wells
Hawai'i State Department of Health
STD/AIDS Prevention Branch
3627 Kilauea Avenue, Suite 306
Honolulu, Hawai'i 96816 (808) 735-5303 FAX (808) 733-9015



Mr. Kevin Wong
Research Associate/Outreach
The C.H.O.W. Project
95-532 Wailoa Loop
Mililani, Hawai'i 96789 (808) 945-1045

Ms. Tusitala Wright
Kokua Kalihi Valley Health Center
1846 Gulick Avenue
Honolulu, HI 96819 (808) 848-0976 FAX (808) 848-0979

Ms. Cecilia Yeong-Briones
Kalihi-Palama Immigrant Services Center
720 North King Street
Honolulu, Hawai'i 96817 (808) 845-3918 FAX (808) 842-1962

Ms. Younghui Yi
Kalihi-Palama Immigrant Services Center
720 North King Street
Honolulu, Hawai'i 96817 (808) 845-3918 FAX (808) 842-1962

MOLOKA'I

Ms. Penny Martin
P.O. Box 341
Kaunakakai, Hawai'i 96748

MAU'I

Ms. Matilda "Ma" Applewhite
Maui AIDS Foundation
P.O. Box 1538
Kahului, Hawai'i 96732-1538

Ms. Gale DeCambra
Outreach Worker
Hui No Ke Pla Pono
P.O. Box 894
Wailuku, Hawai'i 96793 (808) 244-4647 FAX (808) 242-6676

Ms. Wendy Ka'auamo
Maui AIDS Foundation
SR Box 72
Haiku, Maui 96708

Ms. Gail Murakami
Social Worker
Queen Lili'uokalani Children's Center
1498 East Lower Main Street
Wailuku, Hawai'i 96793 (808) 242-8888 FAX (808) 242-1576

Ms. Sarah Nakihei

Outreach Worker
Hui No Ke Ola Pono
P.O. Box 894
Wailuku, Hawai'i 96793

(808) 244-4647

FAX (808) 242-6676

Mrs. Keolani Noa

P.O. Box 357
Hana, Hawai'i 96713

(808) 248-7502

FAX (808) 248-7503

Ms. Annie Rahl

Alu Like, Inc. SASD Hana
P.O. Box 112
Hana, Hawai'i 96713

(808) 248-7502

FAX (808) 248-7503

Ms. Juenlee Syn

Outreach Worker
The CHOW Project - Maui
715 South King Street
Honolulu, Hawaii 96813

(808) 528-3619

FAX (808) 528-3947

Mr. Joe Thompson

The CHOW Project - Maui
715 South King Street
Honolulu, Hawai'i 96813

(808) 528-3619

FAX (808) 528-3947

HAWAII (Island)**Ms. Teddy Bell**

Coordinator of Volunteers
Big Island AIDS Project
P.O. Box 11510
Hilo, Hawai'i 96721

(808) 935-6711

FAX (808) 969-9329

Ms. Elsie Germano

187 B-1 Hokulani Street
Hilo, Hawai'i 96720

Ms. Judith Graham

Coalition Coordinator, YWCA
Hawai'i Island YWCA Community
Youth Activity Program
P.O. Box 777
Honokaa, Hawai'i 96727

(808) 775-0976

(808) 961-9022

Ms. Lily Gresham

Case Manager
Hawai'i Island Teen Services
Child & Family Services
P.O. Box 1808
Kealahou, Hawai'i 96750

(808) 322-0022

FAX (808) 322-9127



Ms. Louise Hector
Hui Malama Ola Na'Oiwi
305 Wailuku Drive, Suite. 1 & 3
Hilo, Hawai'i 96720 (808) 969-9220 FAX (808) 961-4794

Ms. Pamela Knight, R.N.
Big Island AIDS Project
P.O. Box 11510
Hilo, Hawai'i 96721 (808) 935-6711 FAX (808) 969-9329

Mr. Les Mock
Community Health Outreach Worker
The C.H.O.W. Project - Big Island
715 South King Street
Honolulu, Hawai'i 96813 (808) 961-5070 (Hilo) FAX (808) 933-4390 (Hilo)

Mr. Harold Molt
Community Health Outreach Worker
The C.H.O.W. Project - Big Island
715 South King Street
Honolulu, Hawai'i 96813 (808) 326-5296 FAX (808) 322-4488 (Kailua-Kona)

Ms. Clara Osorio
Queen Lili'uokalani Children's Center
919 'Ululani Street
Hilo, Hawai'i 96720 (808) 935-9381

Ms. Cheryl Taupu
Big Island AIDS Project
P.O. Box AO
Kailua-Kona, Hawaii 96745 (808) 326-2391 FAX (808) 329-6917

REPUBLIC OF THE MARSHALL ISLANDS

Ms. Kaki (Anitok) Binejal
Guidance Counselor
College of the Marshall Islands
P. O. Box 1258
Majuro, Marshall Islands 96960

Mr. Monono T. Dawoj
Director, Health Education Program
Preventive Care Services, Ministry of Health
P.O. Box 16
Majuro, Marshall Islands 96960 (692) 625-3355 FAX (692) 625-3432

Ms. Darlene Keju-Johnson
Director
Division of Population & Family Planning
P. O. Box 672
Majuro, Marshall Islands 96960 (692) 625-3098 FAX (692) 625-3136

Ms. Kalora Michael
Practical Nurse
Ebeye Community Health Center
P. O. Box 5659, Ebeye
Kwajalein, Marshall Islands 96970 (692) 329-3365

Ms. Nancy G. Salomon
P.O. Box 1463
Majuro, Marshall Islands 96960

Ms. Sulikau B. Yoshizawa
Ebeye Community Health Center
P. O. Box 5659
Ebeye, Kwajalein Atoll
Marshall Islands 96970 (692) 329-3365 FAX (692) 329-3366

REPUBLIC OF PALAU

Ms. Theresita Cleopatra Aderiano
STD Nurse
MacDonald Memorial Hospital
P. O. Box 6027
Koror, Palau 96940 (680) 488-2420 FAX (680) 488-1211/488-1725

Mr. Robert V. Bishop
Palau Community Action Agency
P. O. Box 3000
Koror, Palau 96940 (680) 488-1169 FAX (680) 488-1725

Ms. Marueen Kuroda
CHW Student from Palau
c/o Wai'anac Coast Comprehensive Health Center
86-260 Farrington Hwy.
Wai'anac, Hawai'i 96792 (808) 696-1530 FAX (808) 692-2499

Ms. Johana Ngiruchelbad
Supervisor
Bureau of Public Health
P. O. Box 6027
Koror, Palau, 96940 (680) 488-2420 FAX (680) 488-1211

Ms. Engracia Ongino
Palau Community Action Agency
P. O. Box 3000
Koror, Palau 96940 (680) 488-1169 FAX (680) 488-1725

Mr. Sabino Sackarias
CHW Student from Palau
c/o Wai'anac Coast Comprehensive Health Center
86-260 Farrington Hwy.
Wai'anac, Hawai'i 96792 (808) 696-1530 FAX (808) 692-2499



NEW ZEALAND

Mr. Bubsy Ma'aelopa
2/298 Worcester Street
Linwood, Christ Church
New Zealand 8001

03 538 295

Mr. Karl Pulotu-Endemann
Manuwatu Polytecnic
Grey Street Private Bag
Palmerston No New Zealand

WESTERN SAMOA

Ms. Eseta Faafu
Apia National Hospital
Apia, Western Samoa

Ms. Melenaita Lesa
Apia National Hospital
Apia, Western Samoa

Dr. Le Mamea A. Matatumua
Director, National AIDS Project
Apia National Hospital
Apia, Western Samoa

Ms. Tautala Mauala
Laboratory Technician
P.O. Box 9122
Apia National Hospital
Apia, Western Samoa

21212 Ext. 258





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